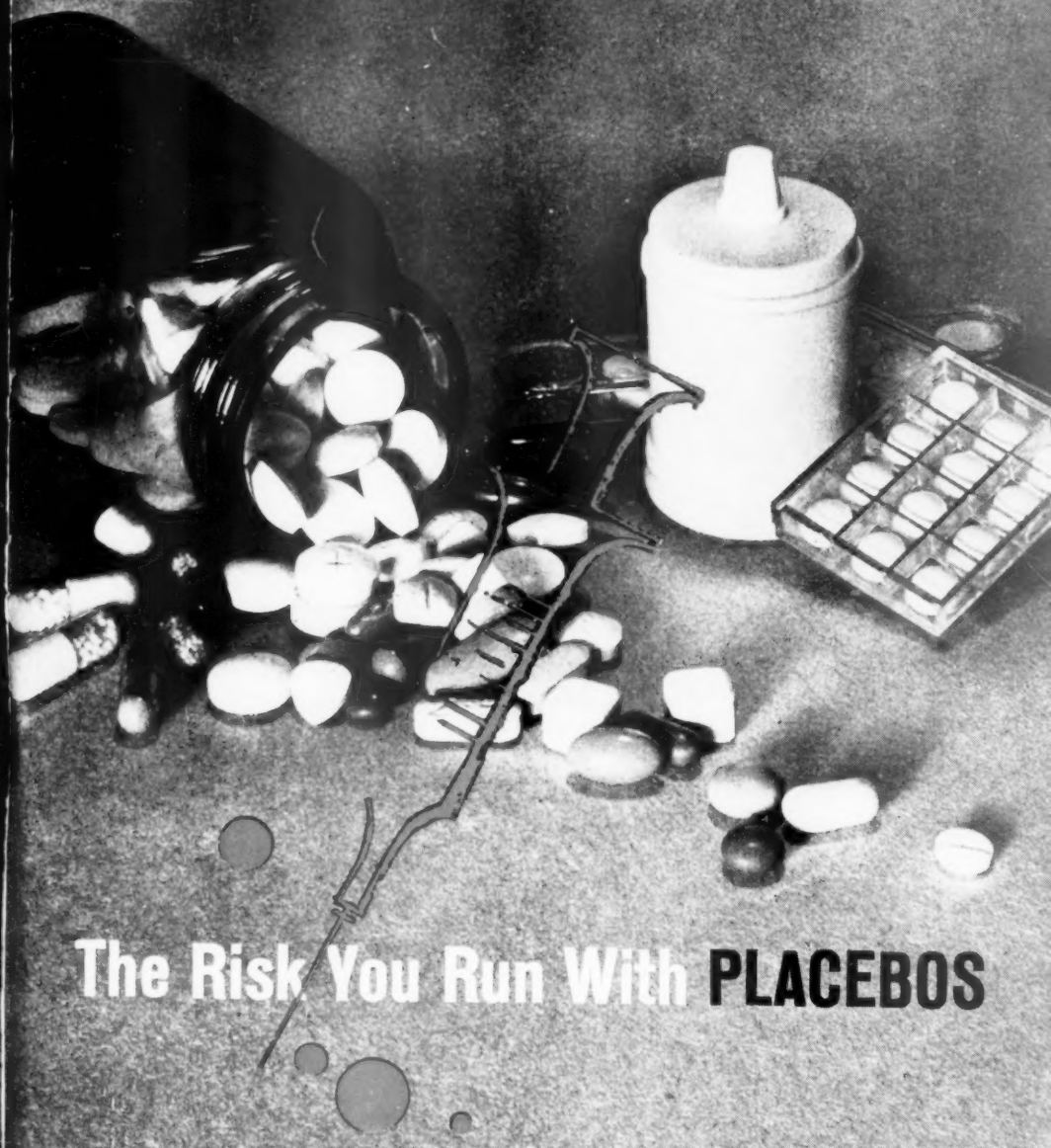
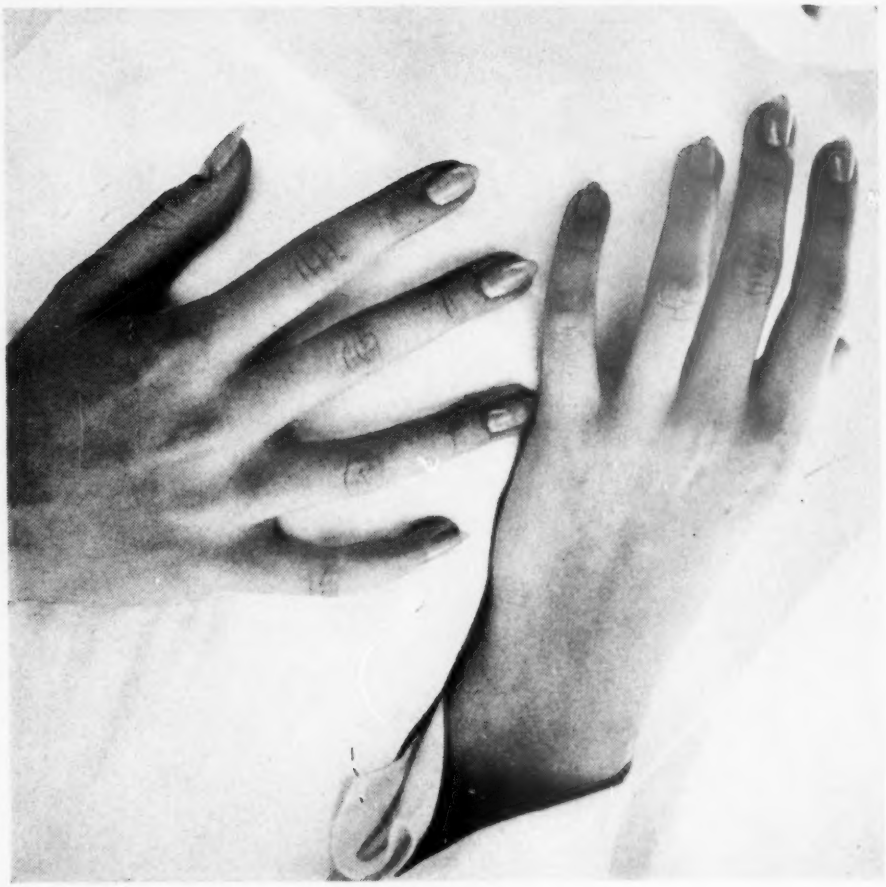
RN

DECEMBER 1958



The Risk You Run With PLACEBOS



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For extra-dry skin, Pacquins Hand Cream gives you extra richness . . . lanolin-richness. Pacquins gives more hands more protection than any other hand cream in the world. Pacquins soothes and smooths . . . never greasy or sticky; vanishes quickly. Pacquins was originally formulated for professional use only.

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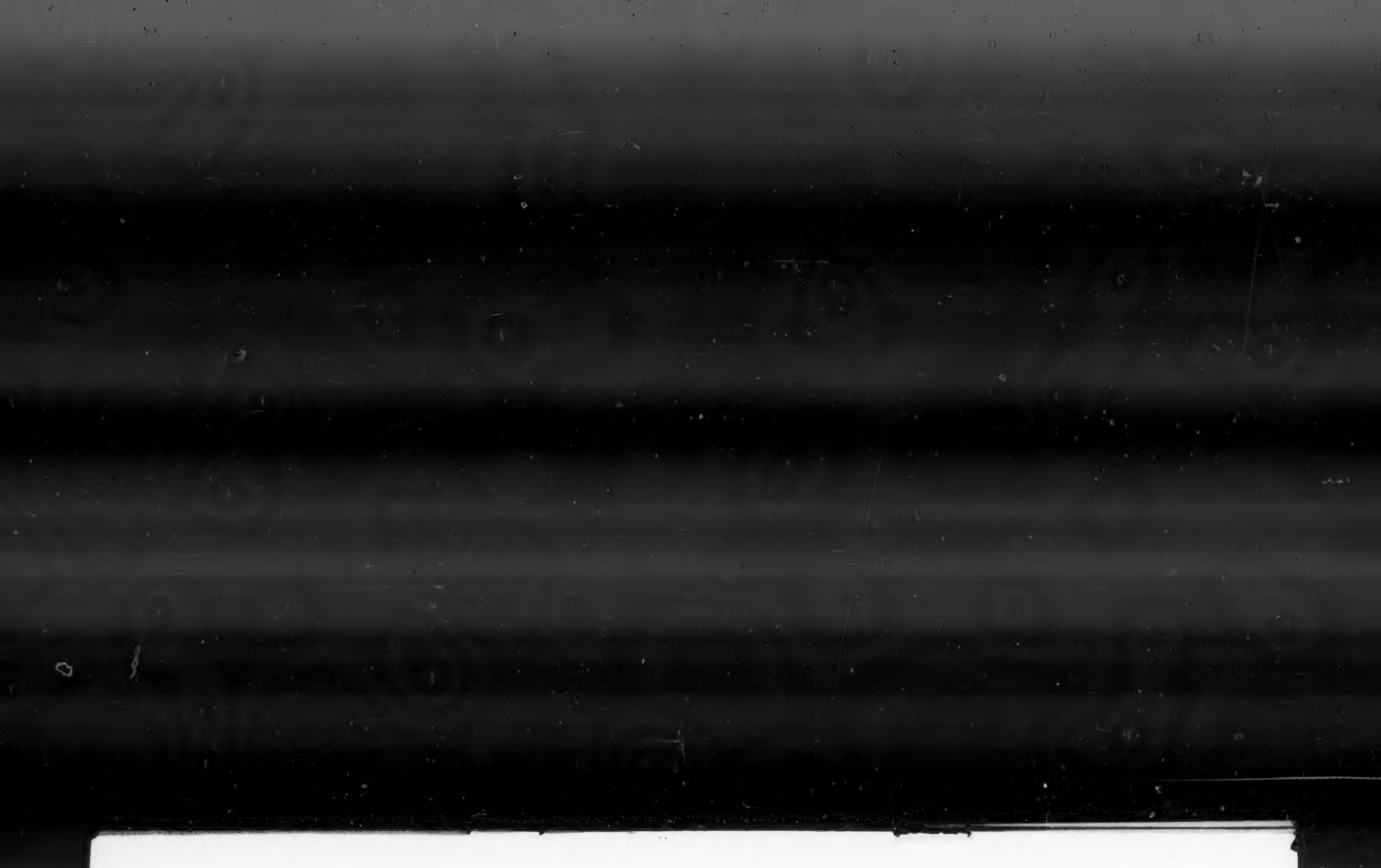

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VOLUME 21 • NO. 12 • DECEMBER 1958

MORE ►

 Published monthly at Oradell, N. J. Price 25 cents a copy, $2 a year (Canada and foreign, $3). Circulation 160,000 registered nurses. Second-class postage paid at Rutherford, N. J. Please send subscription orders and changes of address to P.O. Box 279, Rutherford, N. J. Send all editorial and business correspondence to *RN*, Oradell, N. J. For change of address, use the form on page 106.

During your day, when every moment is important, TUBEX cuts your workload. It provides more time for other important patient-care needs. TUBEX is ready in seconds. It assures accurate dosage, aseptic conditions, and minimizes pain on injection—always a new sharp needle. TUBEX is prefilled and ready to inject, unlike the disposable syringes, many of which must be filled by hand. The use of TUBEX reduces the chance of medication error, the risk of serum hepatitis, and the possibility of malpractice liability. Of particular interest, too, approximately 75% of all injectables used are now in the growing TUBEX line.

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TUBEX . . . your largest line of closed-system medications

CLOSED-SYSTEM INJECTION

TUBEX®

—the modern injection technique

contents

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the American

UTENSIL WASHER-SANITIZER

Protects patients and personnel against cross contamination - - dependably and at less cost.

Prevention of cross contamination from patient utensils is accomplished rapidly, automatically and at reduced cost with the new American Utensil Washer-Sanitizer. The powerful detergent wash, double rinse and steaming cycles are completed in 22½ minutes . . . with no attention from nursing personnel other than loading and unloading. Three sets of utensils are processed in two loads.

The American Utensil Washer-Sanitizer is economical to install and pleasant for nursing personnel to use. It assures uniformly high standards of cleaning and sanitizing by eliminating the possibility of human error . . . and, its modest cost is more than justified by the saving in personnel time alone.

The American Utensil Washer-Sanitizer is available with clean-up counter or as the free-standing unit shown above.

For complete information on this improved utensil technique, write for bulletin SC-321-R.

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World's Largest Designer and Manufacturer of Sterilizers, Surgical Tables, Lights and related hospital equipment

DECEMBER 1958

RN

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—and other digestive distress

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FOR GASTRITIS: Pepto-Bismol's non-alkalizing, demulcent base helps the stomach return to normal activity without inhibiting digestive acids, without "acid rebound" or alkalosis.

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Safe and effective for children as well as adults

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Active ingredients: Bismuth Subsalicylate, Salol, Zinc Phenolsulphonate and Methyl Salicylate Synthetic in a demulcent base. Note: The bismuth salts in Pepto-Bismol may cause a temporary darkening of the stool.

COMMENDED BY THE CONSUMER SERVICE BUREAU OF PARENTS' MAGAZINE

A Norwich Product

Two happy people . . . thanks to

Dennison Diaper Liners

It's not surprising that many new mothers first learn about Dennison Diaper Liners from their nurses. For who can know better than *you* how these Liners help make *both* mother and baby happier and healthier.

Baby's happier and healthier because these smooth, soft, lint-free Liners — worn inside regular cloth diapers — retard the growth of ammonia-forming bacteria which is one of the principal causes of irritating diaper rash.

Mother's happier because her diaper washing is breeze-easy. She just lifts out the soiled Liner intact and flushes it away. She doesn't have to handle messy or badly soiled diapers . . . nor soak and scrub them to get rid of stubborn stains.

Dennison Diaper Liners help diapers last longer . . . cost less than a penny a change.

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FOR FREE SAMPLES
WRITE TO:

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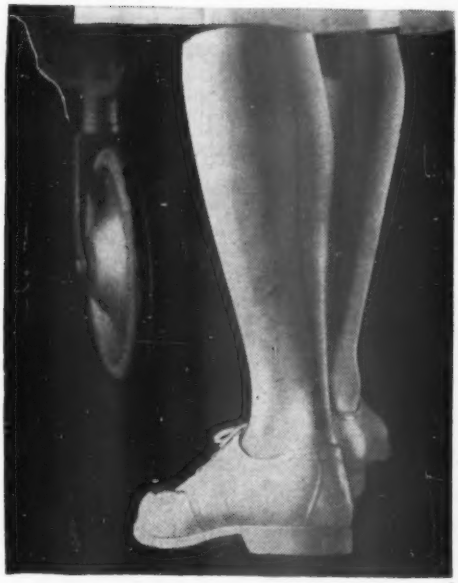
New sheerness in on-duty elastic hose

Now in White



On duty or off, you'll find elastic stockings like those above in white or natural street shade. Other Bauer & Black models in nylon or cotton, above or below knee style, open or closed toe, at a variety of prices.
Also available in black for ecclesiastical wear.

These Bauer & Black nylon elastic stockings look just like regular nylons

Here at last are white nylon elastic stockings you don't need to hide under overhose. They're full-footed . . . look just like regular nylons.

Yet, for all their sheerness, they give exceptional wear and remedial support . . . even though you're on your feet for long stretches at a time.

Leave it to Bauer & Black, the leader, to develop these sheer, finely fashioned elastic stockings. They retain their whiteness . . . are quick-drying . . . light and cool . . . with non-binding heel and toe. Be sure you have several pair.

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Anacin Tablets are optimally successful in the relief of simple pain. They exceed the benefits of plain aspirin and buffered aspirin by giving a 'better total effect.' That is, Anacin not only relieves the pain but also lessens emotional tension and leaves the patient more relaxed. The mild sedative action of phenacetin—double that of aspirin—induces a 'restful' state in which the reparative forces are nurtured. Tolerance is excellent. Anacin does not upset the stomach. Why not give consideration to Anacin as the non-narcotic analgesia of your choice?

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RN letters

HAIL, ANESTHETISTS!

DEAR EDITOR: The remark is often made that "it looks pretty easy to sit at the head of the operating table and administer anesthetics." Yet I know of no nursing specialty more highly technical than the anesthetist's.

True, a bit of antagonism exists toward us in some operating theatres. But far more prevalent is the wide respect shown us. And there appears to be less friction among anesthetists than among nurses in any other group.

Helen N. Gullord, C.R.N.A.
Bricelyn, Minn.

R.N.-L.P.N. FRICTION

DEAR EDITOR: Friction between R.N.s and L.P.N.s inevitably lowers the quality of patient care.

Many contend that the cause of this friction is snobbery on the part of the R.N.: She's presumed to feel "superior" to the L.P.N.

Others claim that the R.N. feels insecure; that she sees her job being threatened by the increasing employment of L.P.N.s in hospitals (up 35 per cent between 1950 and 1955).

But note this: Where the friction is greatest, there's almost always confusion about the role each group should play in effective patient care. Clarification of these roles is essential if the R.N.-L.P.N. relationship is to be harmonized.

Joanne C. McCraren, R.N.
Jamaica Plain, Mass.

DEAR EDITOR: One of your correspondents would like to have R.N.s "spared the humiliation of being placed in competition with practical nurses."

Basically, no such competition exists. Nor would it even seem to exist if all nurses were to take care of the sick and forget about lines of demarcation.

R.N., New Jersey

T.L.C. FOR SMALL FRY

DEAR EDITOR: All too often I find an attitude of impatience toward the parents of a hospitalized child. Not only are their visits limited by hospital rules; sometimes they're told it's better for the child if they don't come at all!

A hospital can be a frightening place to a youngster left suddenly among total strangers. Consider an example I know of at first hand—

letters

that of a happy, friendly 2-year-old boy:

On his admission to the children's ward, the doctor advised his parents not to visit the child. They complied.

Two days later, when they went to bring him home, they found a cowering, fearful child. He was afraid even of his parents. He recoiled when they tried to undress him for bed. Apparently he was scared to death of being jabbed with another needle.

Weeks later he still cries when he thinks he's being left alone.

We can only hope and pray that the effects of this little boy's experience won't be lasting—that later in life a psychiatrist won't have to probe into his childhood to get at the basic cause of some mental disorder.

Mary E. Helton, R.N.
Berea, Ky.

NO RESPECT SHOWN

DEAR EDITOR: When my baby was a year old, I applied for general duty on week-ends at a local hospital. I was accepted as a "float nurse," then given an aide's assignments. The implication was: "That's all you're fitted for, working week-ends only."

Naturally I resented this attitude. I felt I could give good nursing care, what with my three years' experience (one as charge nurse). Besides, I'd been away from active duty only a year or so. *More*▶

letters

After two week-ends of such duty—during which there was no sign of respect for my R.N. status—I resigned.

The hospital I then went to work for (same schedule) treated me quite differently. I was shown as much respect and consideration as any full-time R.N.

Other married nurses I know tell me they've also encountered rough treatment on returning to active duty. No wonder more of them aren't working now!

R.N., Illinois

'WHERE'S THAT KEY?'

DEAR EDITOR: A ward nurse can lose precious time if the key to the medicine closet isn't readily available. (Maybe the key is in the pocket of the charge nurse, who's busy elsewhere on the floor. Maybe she's even gone home with it.)

So, why not a dial-type combination lock instead of the kind that requires a key? Each nurse could then be told the combination when she's being oriented to the ward—and much lost time could be saved.

Mary M. Sneyers, R.N.
Newark, N.J.

JOB SHIFT EXPEDITED

DEAR EDITOR: When a nurse leaves Hospital A to seek work in Hospital B, she may lose a week's pay while her record and references are being checked by B.

I know of two instances in which this likelihood was averted. Hospi-

All-day freedom from tired, aching feet—in seconds!

with **EEZ*** *Spray Powder*

For happy healthy feet

EEZ is a new type foot conditioner that instantly refreshes, soothes and deodorizes.

EEZ "cushions" feet against rubbing. Ends tired, burning discomfort. Keeps feet feeling fresh and comfortable.

For Athlete's Foot Discomfort

EEZ is an effective medication for fast relief of Athlete's Foot discomfort.

EEZ relieves itching . . . cools tender, irritated skin instantly. Your hands never touch the infected area. You simply spray EEZ from its modern aerosol spray container.

EEZ Ingredients	EEZ Action
Salicylic Acid	keratolytic
Boric Acid	antiseptic
Zinc Undecylenate	antifungal
Dichlorophene	deodorant
Lo Micron Talc	skin lubricant

Nurses in active practice—and active people in *all* "walks" of life—will want to use EEZ Spray Powder. So convenient—can be sprayed right through stocking! Available at your favorite drug or cosmetic counter.

Family Products Dept., Chas. Pfizer & Co., Inc. *Trademark

letters

tal A, knowing the nurse's intention, sent B the necessary data *before* her scheduled interview.

In each case, the nurse benefited. And so, too, I'm sure, did her new employer.

R.N., Florida

PRIVATE RECRUITMENT

DEAR EDITOR: A young high-school senior I know had been wavering in her choice of a career between nursing and another interest. I believe she would make an excellent nurse. So I sent her a copy of your recent article, "Life Cannot Offer More."

It has helped her to decide definitely in favor of nursing!

Sandra Weinstock, R.N.
Bayside, N.Y.

'THOSE CHARGE NURSES'

DEAR EDITOR: A New Jersey reader mentions "the abuse we have to take from some of these young charge nurses." She might well have added that it includes P-U-S-H-I-N-G us around.

R.N., Pennsylvania

CAMP PAY SCORED

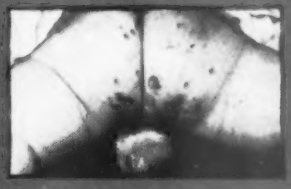
DEAR EDITOR: Summer camps run by private groups have flourished in recent years. Why aren't their R.N.s paid salaries commensurate with those in other fields of professional nursing?

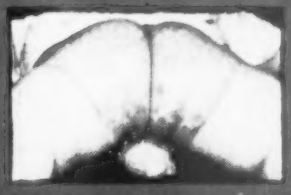
Anna M. Tobey, R.N.
Concord, Mass.

END

NOW... FOR PATIENTS OF ALL AGES

prevents and relieves skin discomforts—aids healing
superior antibacterial action*





Top: Patient R. R.—Severe "diaper rash" with secondary infection, at start of treatment, 12/26/56.

Bottom: Eight days after treatment with JOHNSON'S MEDICATED POWDER, 1/3/57. Almost complete clearing of initial rash and of secondary infection.

clinically effective: routine use reduces substantially the incidence of common rashes of infants and young children. Particularly effective in both preventing and modifying the course of **"diaper rash"** of various etiologies.

twofold antibacterial action: the combination of **hexachlorophene** and para-chloro-meta-xylenol provides potent **antibacterial** effect—curbs primary infections, helps prevent secondary infections.

twofold anti-ammonia action: specific inhibition of urease plus antibacterial action against urease-producing bacteria check ammonia formation—prevent diaper rash and ammoniacal dermatitis.

twofold absorbent action: two moisture absorbents combat maceration, chafing, irritation—keep skin cool and dry.

JOHNSON'S MEDICATED POWDER provides unexcelled dry lubrication. Ideal for sensitive skin—completely safe for babies and children.

For free sample, write Johnson & Johnson, New Brunswick, N. J.

*CONTAINS HEXACHLOROPHENE 0.25 PER CENT AND PARA CHLORO-META-XYLENOL 0.25 PER CENT

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New Brunswick, New Jersey

there's no juice like citrus *juice*

As a high-potency source of vitamin C, citrus juice—fresh, frozen, or canned—is unmatched for convenience and economy. The table below shows amounts† of other fruit juices required to supply the 100 mg.* of vitamin C in one glass (7-9 fl. oz.) of citrus juice.

citrus	1 glass
apple	50 glasses
grape	9 glasses
pineapple	3-4 glasses
prune	50 glasses

†Data calculated from: Watt, B. K. et al., U.S. Dept. Agric. Handbook No. 8, 1950; and Burger, M. et al. Agr. & Food Chem. 4:418, 1956.

*This is the peak of the Recommended Daily Allowances for adolescence or pregnancy; 150 mg. during lactation; 70-75 mg. for normal adults.

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GRAPEFRUIT
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in over-all care of baby's skin

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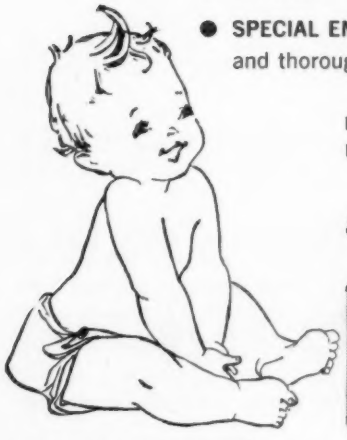
- **VITAMINS A and E** . . . important to skin health and smoothness.
- **SPECIAL EMULSIFIERS** . . . to cleanse baby's skin gently, safely, and thoroughly — yet free from mineral oil.



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antibacterial • cleanses • conditions

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RN news

X-Rays Called Risky Late in Pregnancy

Leukemia in a child may be related to X-ray pelvimetry in the last trimester of the mother's pregnancy. So says a group of Tulane University physicians whose studies indicate that malignancies have a slightly higher-than-average incidence among the children of mothers so X-rayed late in pregnancy.

"Even a mild dose of radiation may then cause mutations in the genes of mother and child," warns Dr. Edward L. King, chief of the study group.

Philodendron can cause a dermatitis like that produced by poison oak, say Drs. Samuel Ayres Jr. and Samuel Ayres III in the Archives of Dermatology. The doctors report having treated twelve of their patients for blisters and red blotches on hands and forearms that appeared after contact with the plant.

Drugs for Shock work by increasing blood flow to the heart and brain while reducing the supply to other vital organs. A team of investigators, headed by Dr. Eliot Corday of the University of California at Los Angeles, reports increases up to 500 per cent in the heart-brain blood supply after vasopressor drugs have been given. Liver and kidneys—organs less sensitive to a lack of oxygen—manage meanwhile with less blood, the investigators find.

Law Tightened on Use Of Food Additives

A recent amendment to the Federal pure food law requires the manufacturer or promoter of a new food additive to test it on laboratory animals and to submit the results to the Food and Drug Administration for approval. Until the safety of the additive is established, its use in food processing will not be permitted, says the F.D.A.

Tapeworm Cure Called Safe, Effective

Pork and beef tapeworms can be removed from the G.I. tract by duodenal lavage with nontoxic drugs, say Drs. Sidney W. Rosen and Everett D. Kiefer of Boston in a report to the A.M.A.

Glycerine, magnesium sulfate, and saline solution, warmed to 130

degrees F. and introduced through a Rehfuss tube, enable most patients to expel the entire worm (with scolex or head attached) within fifteen minutes, the clinicians report. In thirty-six of forty patients over age 12, a complete cure was observed, they add.

Medical Center Plans Underground Units

The underground hospital is closer to realization than you may think. Some of the nurses in the Newark, N.J., area expect to be working in one by 1960, when the new 650-bed St. Barnabas Medical Center is scheduled for completion.

Present plans call for the location below street-level of operating rooms, intensive therapy units, and facilities for emergency care. Also planned are shelter areas to protect patients, staff, and neighborhood residents in the event of atomic warfare.

Estimated cost of the project: $12,000,000.

Squatting for Delivery Favored by M.D.

A West Coast doctor has revived clinical interest in the world's oldest method of delivering babies. (Peasant women, you'll recall, often took but a few minutes out

Beginner

It isn't right to be likened to a kite, but this boy is in the soft, white clouds. He likes today and doesn't fret about tomorrow. All he wants is to get somewhere now. First things first for this tyro, he's training for the grand flight ahead.
Yes, he's a master, faster beginner. He is an S-M-A baby.

Sound Infant Nutrition

Wyeth®
Philadelphia 1, Pa.

S-M-A®
Food Formula for Infants
Concentrated Liquid
Instant Powder

PHYSICIANS' COUNCIL · INFORMATION ON CHILD HEALTH ·

This advertisement conforms to the Code for Advertising of the Physicians' Council for Information on Child Health.

from their work in the fields to squat down and deliver their infants.)

Dr. Forrest H. Howard of Garden Grove, Calif., describes his technique in Scope Weekly:

The patient is placed on the delivery table in lithotomy position, with her legs in stirrups—as for a conventional delivery. The specially constructed table is then tipped forward 90 degrees so that the mother is sitting upright. Exceptionally broad stirrups are used to achieve adequate weight distribution.

"The mother finds the sitting posture comfortable and satisfactory," says Dr. Howard. "From the physician's standpoint, it is a good deal easier to extract the baby . . . and it impresses me as reducing the risk of intracranial damage."

New Blood-Sugar Test Done in 5 Minutes

Emergency diagnosis of insulin shock or diabetic coma can be confirmed within five minutes by a new blood-sugar test, says Dr. James M. Moss of Georgetown University. All it requires, he reports, is a 1-ml. blood specimen and a Dextrotest kit containing two test tubes and two reagent tablets. The results (determined by a color scale) show

values between 100 and 250 mg. of sugar per 100 ml. of blood.

The test is not intended to replace standard methods of blood-sugar analysis, says Dr. Moss, but it offers a quick check in an emergency; it helps to detect otherwise asymptomatic diabetes; and it facilitates hourly blood-sugar checks on patients with diabetic acidosis.

Bed Rest for TB Called Harmful

Strict bed rest for tuberculosis patients is no longer worth the price, says Dr. William B. Tucker of the Veterans Administration. Prolonged confinement to bed "unconditions" TB patients, he says, and causes profound changes in their psyches. He adds that these harmful effects need no longer be risked now that such drugs as isoniazid and PAS are available.

Blanket Bag Helps In Germ Control

Can you always be sure each new patient is getting a blanket that's been laundered since its last use?

You can be if your institution follows an infection-control procedure adopted by the North Carolina Memorial Hospital in Chapel Hill.

There, each blanket is returned

news

from the laundry in a sealed plastic bag that keeps it clean and dust-free, even during prolonged storage in a linen closet.

When needed, the wrapped blanket is brought to the bedside by a nurse or aide. It remains there till the patient is discharged—whereupon it's immediately relaundered.

The empty bag is either discarded by the nurse or used by the patient to take home his personal effects.

Dr. Robert R. Cadmus recently reported this procedure to the American Hospital Association.

Clue Hints at Cause Of Schizophrenia

A chemical deficiency in the "blood-brain barrier" may cause schizophrenia and other mental diseases, says Dr. Samuel Bogoch in the Archives of Neurology and Psychiatry.

In his studies of adult schizophrenics, Dr. Bogoch has detected a deficiency of neuraminic acid in the cerebrospinal fluid; and since this acid appears to play a role in the function of the blood-brain barrier, he reasons that an inadequate supply may permit body chemicals to pass the barrier, come into prolonged contact with the brain, and produce mental illness.

'It Won't Shake Off!'

Fat people should ignore the claim that they can "shake it off" with vibrators, warns the Food and

BETTER HEARING... NOT "BETTER HIDING" is what's important in Hearing Aids!

In Zenith's opinion, all too much emphasis is being placed today on the size and concealing qualities of hearing aids. Not enough is said about the advantages the hard-of-hearing should really look for when they buy a hearing aid.

One would almost believe that a hearing aid only needs to be smaller and less conspicuous to be a *better* hearing aid. That the best possible of all conceivable hearing aids is an *invisible* one.

Of course, there is no such thing as an invisible hearing aid at this time. If it were possible to make one, Zenith, with its vast resources and 40-year experience in the field of sound reproduction, would have developed it.

What is possible (and Zenith has proved it) is to develop remarkable precision instruments that reproduce sound with such amazing clarity that, to users, hearing is a pleasure again. Zenith dealers offer a hearing aid model for every electronically correctable hearing loss.

True—Zenith has achieved great progress in making hearing aids smaller and less conspicuous, but we have never sacrificed hearing aid quality and performance for size. Zenith and Zenith dealers will always place cosmetic advantages second to *hearing aid performance.*

We recommend that anyone with a hearing loss *see a doctor first* . . . then, if the loss is correctable, to select the hearing aid that offers *greatest hearing help.*

A modern, precision hearing aid can bring a wonderful new life to the hard-of-hearing. Helping them to enjoy its full benefits is a privilege—and a challenge—to us. It's part of the Zenith Crusade.

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"LIVING SOUND"
HEARING AIDS

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Please mail me free mounted full-color ear chart, and list of local dealers. Also literature and information on 30-Day Free Trial Offer for Physicians.

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Chicago 39, Illinois

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ADDRESS

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Drug Administration. Cracking down on the advertising of several such devices, the agency says it's illegal to promote them as weight reducers or cure-alls for disease.

"According to expert medical opinion, the benefits of vibrators are limited to temporary relief of minor physical conditions," the F.D.A. observes. It adds that it has recently confiscated eleven different devices for which false claims were made.

Fluorescent Lighting is neither harmful to the eyes nor a cause of visual discomfort if properly installed and maintained, says an American Medical Association committee after a recent investigation.

New Contact Lenses Said To Aid Side Vision

Some 15 per cent of the side vision lost by wearing spectacles can be regained by switching to plastic corneal contact lenses, says Robert M. Eret in Today's Health. Such lenses also have these added advantages, he says:

¶ A prescription for the corneal lenses will last at least three years (and possibly twenty), compared with a year or two for common spectacles.

¶ Bifocal prescriptions can now be ground into corneal contact lenses.

¶ They're easy to keep clean, since plastic doesn't attract grease.

¶ They can be worn for periods of up to eighteen hours at a time.

Mr. Eret estimates that nearly 4,000,000 people are now wearing these tiny "invisible glasses," which measure only about one-third of an inch in width.

Social Security Taxes Go Up Next Month

Starting January 1, the Social Security tax rate jumps from 2¼ to 2½ per cent for both you and your employer. (If you're self-employed, you'll pay 3¾ instead of 3⅜ per cent.)

What's more, these new rates will apply to all wages up to $4,800 a year—not the current $4,200.

The added taxes are authorized by Congress to finance a January 1 increase of about 7 per cent in the monthly benefits payable to retired and disabled workers and their dependents.

Pony Tails can make girls bald, says Dr. Albert Slepyan in the Archives of Dermatology. Pulling the hair up and back for long periods may produce what he calls "traction baldness." Dr. Slepyan reports having observed this phenomenon in twenty-four young girls over the past two years. In all but two cases, he says, the symptoms vanished after a change of hair style. END

RN literature and samples

SURGICAL EQUIPMENT: A 36-page catalog of Gomco pumps, suction and pressure apparatus, and other surgical and laboratory equipment is offered. Included is information about repair services and replacement parts. GOMCO SURGICAL MANUFACTURING CORP. **N-1**

STERILE-NEEDLE INJECTION UNIT: A liberally illustrated book tells a picture story about two injection systems—the multiple dose system, and the Tubex closed system which includes needle and medication in a ready-to-use sterile unit. Various savings of time and materials are outlined. WYETH LABORATORIES. **N-2**

STAPHYLOCOCCUS: Prevention and spread of staphylococcal infection center around hospital personnel. A folder describes the steps which can be taken to combat cross infection. Its title: "Practical Pointers to Protect Your Hospital Against Staph Infections." WINTHROP LABORATORIES. **N-3**

PREMENSTRUAL TENSION: Folders outlining the rationale of Hayden's Viburnum Compound (HVC) in the presence of irritability, fatigue, mental depression, and cramps associated with premenstrual tension are offered by NEW YORK PHARMACEUTICAL CO. **N-4**

CARDIAC ARREST: Each year about 10,000 patients face sudden death due to cardiac arrest. A file-size, plastic-bound book gives information about use of the Electrodyne in these emergency situations. ELECTRODYNE COMPANY, INC. **N-5**

NURSE'S STATION UNIT: A folder supplies the details about a Station Unit which organizes 12 feet of shelf space into a dust-free, compact floor space of only two square feet. Special sections are provided for every nursing necessity including drawer space for ampule storage and a locked narcotics cabinet. MCKESSON & ROBBINS, INC. **N-6**

NEEDLE IDENTIFICATION: A heavy cardboard wall chart, with brass eyelet for attachment to the wall, illustrates and identifies the various types and sizes of Torrington Needles, and supplies model numbers for convenience in ordering. THE TORRINGTON CO. **N-7**

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That Curb Coughing

By Morton J. Rodman, PH.D.

What should you do to stop a cough? In most cases, nothing. For coughing is the body's way of keeping the lungs clear. And not being able to cough when you need to can kill you quicker than the worst coughing spell.

Still, some coughs should be treated before they become chronic. Long-continued coughing can result in loss of sleep and appetite. By damaging delicate lung membranes, coughing can cause pulmonary emphysema and other breathing difficulties. It can also make a minor infection serious by spreading germs deep into the lungs. And, of course, spray from coughs can

THE AUTHOR *is Professor of Pharmacology at the College of Pharmacy, Rutgers University, Newark, N. J.*

transmit disease to other persons.

Most coughs come from membranes inflamed by a cold or other upper-respiratory infection. But coughing can also be a sign of more serious diseases—diseases for which a cough mixture is simply not enough.

Cough remedies used to be often thrown together with little or no scientific basis. Today, there are drugs that really work. And we know how to use older drugs more effectively.

Most drugs for coughs act either (1) by reducing the cough center's responsiveness to incom-

Antitussive Drugs

1. Centrally Acting Cough Suppressants

Narcotic Antitussives

Codeine phosphate, U.S.P., and codeine sulfate, N.F.
Dihydrocodeine bitartrate (drocode; Rapacodin)
Dihydrocodeinone bitartrate, N.F. (Dicodid; Mercodinone)
Dihydromorphinone HCl, U.S.P. (Dilaudid)
Ethylmorphine HCl, U.S.P. (Dionin)
Levorphanol tartrate, N.N.D. (Levo-Dromoran)
Methadone HCl, U.S.P. (Dolophine; Adanon; Amidone)
Morphine sulfate, U.S.P., and Morphine HCl, N.F.
Purified opium alkaloids (Pantopon; Omnipon)

Nonnarcotic Antitussives

Caramiphen ethanedisulfonate (Toryn)
Carbetapentane citrate, N.N.D. (Toclase)
Dextromethorphan hydrobromide, N.N.D. (Romilar; Dormethan; Methorate; Tusilan)
Dimethoxanate HCl (Cothera)
Noscapine, N.N.D. (narcotine; Nectadon)

ing messages, or (2) by attacking the cough at its source in the respiratory tract.

Drugs that depress the cough center are among the most effective cough stoppers. But they should be used only to cut down coughing—not to eliminate it and thus bottle up infection.

Morphine is still the best agent against painful coughs, such as those caused by lung cancer or a broken rib. And because it relieves anxiety and pain, morphine may also be good against cough caused by pulmonary edema following a heart attack.

But giving morphine requires

Used in Cough Remedies

2. Some Expectorant and Demulcent Substances

Ammonium chloride, U.S.P.
Ammonium carbonate, U.S.P.
Potassium iodide, U.S.P.
Sodium iodide, U.S.P.
Calcium iodide
Antimony and potassium tartrate, U.S.P.
Ipecac (fluidextract and syrup, U.S.P.)
Squill (compound syrup, N.F.)
Creosote, N.F.
Guaiacol, N.F.
Glyceryl guaiacolate
Potassium guaiacolsulfonate
Pine tar syrup
Tolu syrup
White pine syrup
Wild cherry syrup
Eucalyptus oil
Turpentine oil
Terpin hydrate

3. Miscellaneous

(Anti-allergic, bronchodilator, decongestant, sedative, local anesthetic, and other agents)
Aminophylline, U.S.P.
Papaverine HCl, U.S.P.
Dihyprolone (Sedulon)
Benzonatate (Tessalon)
Ethylaminobenzoate (Benzocaine)
Anticholinergics (example: Atropine sulfate)
Antihistaminics (examples: diphenhydramine; Benadryl)
Sympathomimetics (examples: phenylephrine; Neo-synephrine)

great care. It may deeply depress respiration. And there's always the danger of addiction.

So for less serious coughs, most doctors prefer codeine and its sister compound, dihydrocodeinone (Dicodid; Mercodinone). Codeine effectively protects the cough center from many irritating impulses. By keeping all but the strongest impulses from breaking through, it makes coughing less frequent but more effective.

Of course, there's some danger of addiction even to codeine. And it can cause all sorts of side effects, such as constipation, drowsiness, and dizziness.

Codeine Substitutes

So chemists have been looking for synthetic substances safer than codeine and free from its ill effects. And recently they've come up with some promising compounds.

One of these, dextromethorphan (Romilar) is a close relative of certain narcotic pain-killers. But, oddly enough, it does not relieve pain; nor does it cause addiction. Instead, it specifically depresses the cough center. And it does so without causing opiate-type toxicity.

Other synthetic drugs—caramiphen, ethanedisulfonate (Toryn) and carbetapentane citrate (Toclase)—suppress the cough reflex without the danger of addiction or toxicity. They also have some spasm-relaxing effect on constricted bronchial tubes.

A recently rediscovered opium alkaloid, noscapine (Nectadon), seems to have this same double-barreled action. And another new drug, benzonatate (Tessalon) looks promising too. It not only lessens the sensitivity of the cough center to incoming impulses but also seems to stop them at the source by anesthetizing sensory receptors in the lung lining.

Other drugs work in different ways to reduce the number of impulses passing from the respiratory tract to the cough center. Some—the demulcents—are but sugary substances that coat the throat and keep it moist. (A candy cough drop does this too, by stimulating saliva flow.)

Unlike the demulcents, the expectorant drugs act only after they're swallowed. They increase the flow of fluid in the tracheobronchial tree below the throat. This fluid is a natural lubricant that protects dry, irritated mu-

cous surfaces. It also dissolves solidified secretions and washes them away.

What sets off this increased secretory activity? Some expectorants act by irritating the stomach. Salts (such as ammonium chloride) and emetics (like ipecac) trigger a reflex action that results in a flow of fluid from glands lining the respiratory surfaces.

Some expectorants stimulate these glands while being excreted on the breath. Various volatile oils—eucalyptus, pine, and turpentine—are in this category. So is the related drug, terpin hydrate; but this drug doesn't really do much good in the small dose contained in the popular Elixir of Terpin Hydrate, which is effective only as a palatable vehicle for codeine.

Still other expectorants work both ways. Taken by mouth, they set off secretory reflexes. After absorption, they are excreted through the lungs, stimulating the glands as they go. The creosote and guaiacol derivatives and the iodides have this double fluid-forming action.

Potassium iodide is an old stand-by for asthmatic cough. It helps melt mucous plugs blocking the bronchial tubes. And once the viscosity of such secretions is reduced, they're easier to dredge up from deep in the chest.

But iodides are rather nasty to take. Single doses sometimes cause nausea. And prolonged use may cause chronic iodine toxicity or "iodism."

A patient with this condition may just seem to be suffering from a heavy cold. His nose and eyes run and itch; he sneezes; and he may have a slight fever. But these symptoms, together with such signs as redness and acne-like eruptions, disappear when the drug is discontinued. So it's important to recognize the signs and report them to the doctor.

Though the old-fashioned iodides still have a place in cough treatment, most of the other old expectorants are on the way out. They're being replaced by modern synthetic substances.

Doctors can now control most coughs by combining just a couple of these new compounds. Soon, they may be able to give a single substance that combats all kinds of coughs. So the days of the complex cough mixtures that still clutter the market are probably numbered. END

PANDEMONIUM on the P.M. Shift

How hectic can nursing get? For the answer (with laughs), read this hilarious tale of 3-11 duty in a small hospital

By Joyce Lane

Dear Hattie,

This is a delightful little town. And—surprise!—we even have a three-ring circus here!

That's a fair description, I think, of the 3-11 P.M. shift in a country hospital with twenty-five beds and an emergency room. At least it's a fair description of ours.

Yesterday afternoon and evening were typical. The day staff was gone when two aides, an orderly, and I went on duty.

"Holy mackerel," the surgical nurse yipped. "Are you the whole P.M. staff?"

We were. So you can imagine what this did for our morale.

We didn't have much time to brood about it, though. The utility room was piled with an array

of soiled utensils that looked like the leaning tower of Pisa. Each linen cart had a load that would have done credit to W. C. Fields in his heyday.

On the desk was a collection of unfiled charts. On the charts were the gluteal parts of a collection of doctors engaged in their favorite sport of panning pathologists.

The hallway was a Times Square of signal lights. From one door came the sound of a patient banging an empty water pitcher on his bedside table. Another doorway emitted a white streak that turned out to be one of the day shift making tracks for a late-afternoon date.

One of our first jobs was a patient who had to be prepped for a hip pinning. We'd hardly got started on that when the ambulance roared in with five victims of a car crash.

It seemed that two cars had tangled; and the passengers of both arrived at the same time. All of them were ambulant—but irritable. They took a dim view of my asking questions about their religion, their employment, and whose husband was whose.

The aroma of Old Overholt hung over this fivesome like a fog. And it did little, believe me, to speed the process of sorting them and suturing them.

Four of our new-found friends, the doctor finally decided, could weave their way home with no further aid. The other was to be admitted—a chore complicated by the fact that the admitting office here closes at 5, after which admissions become the responsibility of yours truly.

Incidentally, I hadn't made

rounds yet. But the routine here is refreshingly flexible. Sometimes we don't make rounds until 8 or 9 P.M., by which time I've seen all the patients anyway.

Our pickled admittee had to be X-rayed. But the X-ray technician said nothing doing until she'd finished her hip case.

The doctor got pretty huffy about this, making sundry comments about elective surgery being done at night, about all the house calls he still had to do, and about his wife waiting to be driven to a P.T.A. meeting.

The technician still wouldn't budge, though. She explained with some emphasis that she was just one person, that she just obeyed orders here, and that the surgeon had ordered first.

The doctor retorted that, what the heck, woman, he could take *both* sets of films himself in no more than two minutes if he knew how to run the machine, and that, hang it, while she was arguing she could have done the job. Whereupon the technician closed the darkroom door on us.

None of our courses in nursing school had prepared me for this. I decided to serve our emergency case some strong black coffee and to placate the doctor with a ham sandwich coaxed from the cook—who yelled after me that tomorrow she was quitting; that this shift was too much, what with people eating at all hours and the dishwasher not allowed to work overtime; that she certainly didn't know what *I* was going to eat; and so on.

Foreign Complications

At this moment a gentleman of foreign extraction rushed up, saying that his wife had got sick in the car and "Pleasa, you come queek!"

The doctor, sitting on the waiting-room bench, put down his sandwich and said, "What kind of sick?"

"Real sick," said the man. "She gotta pain in the meedle. She say hurry."

The doctor pushed past us on the double. I followed.

Soon we came to a battered old sedan with a large mattress strapped to its top. Six small kids, hanging out the car windows, were yelling bloody murder.

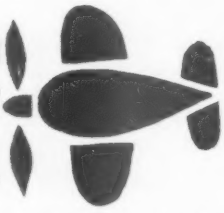
It wasn't long before I figured that this sort of thing must have happened before, that the doctor must be actuated by a reflex like that of jumping out of bed when

the alarm clock rings. Anyway, in short order—and under not exactly aseptic conditions—we delivered the couple's seventh.

Mamma and child were soon admitted and we pressed the doctors' dressing room into service as an isolation nursery. (The M.D.s could change in the shower, somehow!)

Outside, meanwhile, with the blessed event over, Poppa and the six kids piled back into the car and drove off to celebrate on hamburgers and root beer, financed by the doctor. *More* ▶

WHAT YOU NEED TO KNOW ABOUT AIR TRAVEL



Pregnancy—if uncomplicated—is not regarded as a deterrent to air travel. But as term nears, airlines require written assurance from the woman's doctor that she won't deliver for at least seventy-two hours.

This and other medical aspects of air travel are summarized by Lieut. Col. Frederick S. Spiegel of the Air Force in a report to the American Medical Association. Says the report, in part:

¶ Diabetics dependent upon insulin are required to have a supply, together with a syringe, ready for instant use.

¶ A person with a communicable disease must have a permit from public health authorities for interstate travel.

¶ Airlines don't usually carry infants less than 6 weeks old. But this rule may be waived if a baby's fitness to fly is certified by a pediatrician.

¶ Children under age 5 are five to ten times as prone to airsickness and ear trouble as adults.

¶ Women get airsick five times as often as men. END

By this time the pinned hip was back from surgery and one of the aides was sitting with her. I asked the orderly to mop up; but—apparently because I'd forgotten to send him to supper earlier—he went off muttering that it was time for the workers of the world to unite; that some people had no consideration; and that, besides, his doctor had said not to drag that there heavy mop bucket around or he'd be down on his back again.

While this was going on, something akin to a bomb blast occurred in one of the rooms down the hall. Two doctors had decided to remove a cast there, and it looked as though the whole ceiling had collapsed.

Call a Plumber!

Thank heaven the aides here have no ideas about uniting. So we finally got most of the debris cleaned up. Before I could stop her, though, one aide emptied the plaster bucket into the toilet. The plumbing complications that followed can be told in one word: Oy!

By this time one of the doctors was complaining that there was nothing on his patient's chart for the evening; and how could he write orders if he didn't know what had happened so far. Investigation showed that nothing *had* happened. That was the trouble. The patient hadn't had a B.M. for four days. I could see my homework all cut out for me.

Is He Still Here?

The orderly then told me that there was a man sleeping on a stretcher in the emergency room. And so he was: our inebriated X-ray patient, forgotten by all except a police officer standing by to escort him to the cooler.

This meant calling the technician back. And something less than pleasantries were exchanged before he-who-got-pinched was finally filmed.

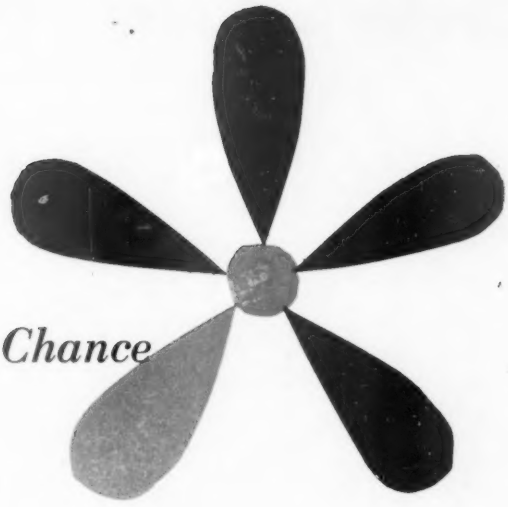
The next two hours were normal—which means we were no busier than ants at a picnic.

At 11:30, after reporting to a none-too-enthusiastic night crew, I sat down to do charts. As I did so, I remembered the words of our senior-year instructor: "A good nurse always checks off duty on time. Not to do so shows reprehensible lack of organization."

Your disorganized classmate,

Jane

END



There's One Chance In Five That You'll Get... VARICOSE VEINS

If you do get them, here's what to do

By Clare Phillips, R.N.

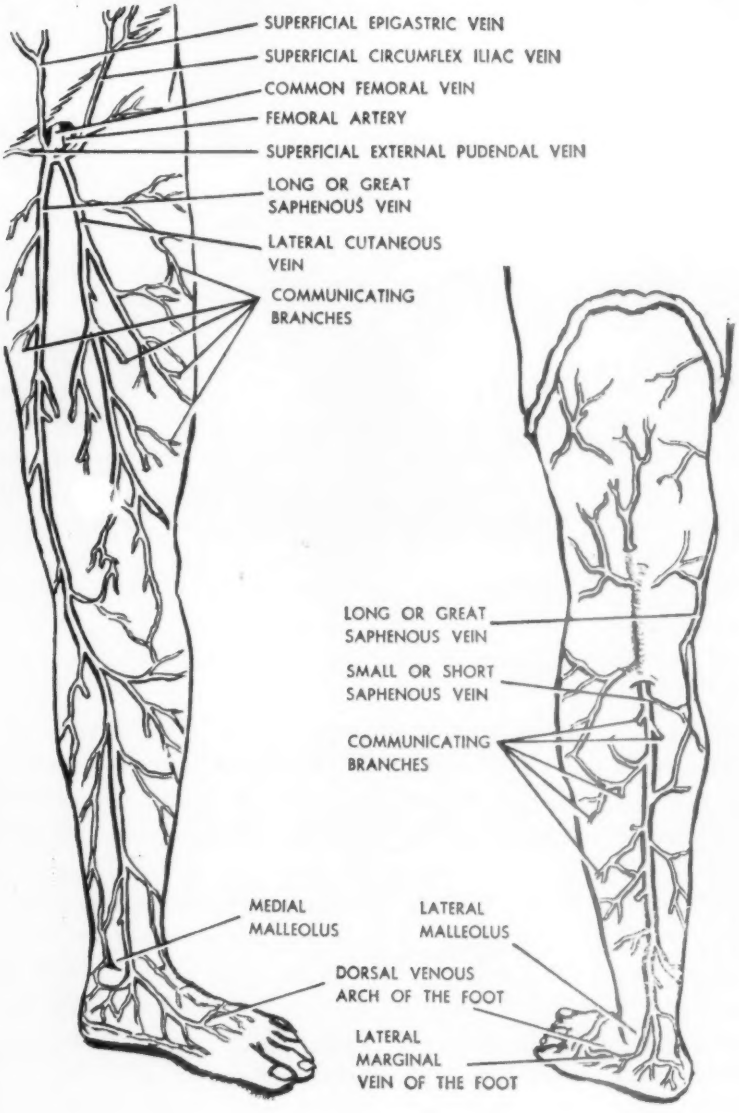
"*You* can't be an R.N. You don't have varicose veins!"

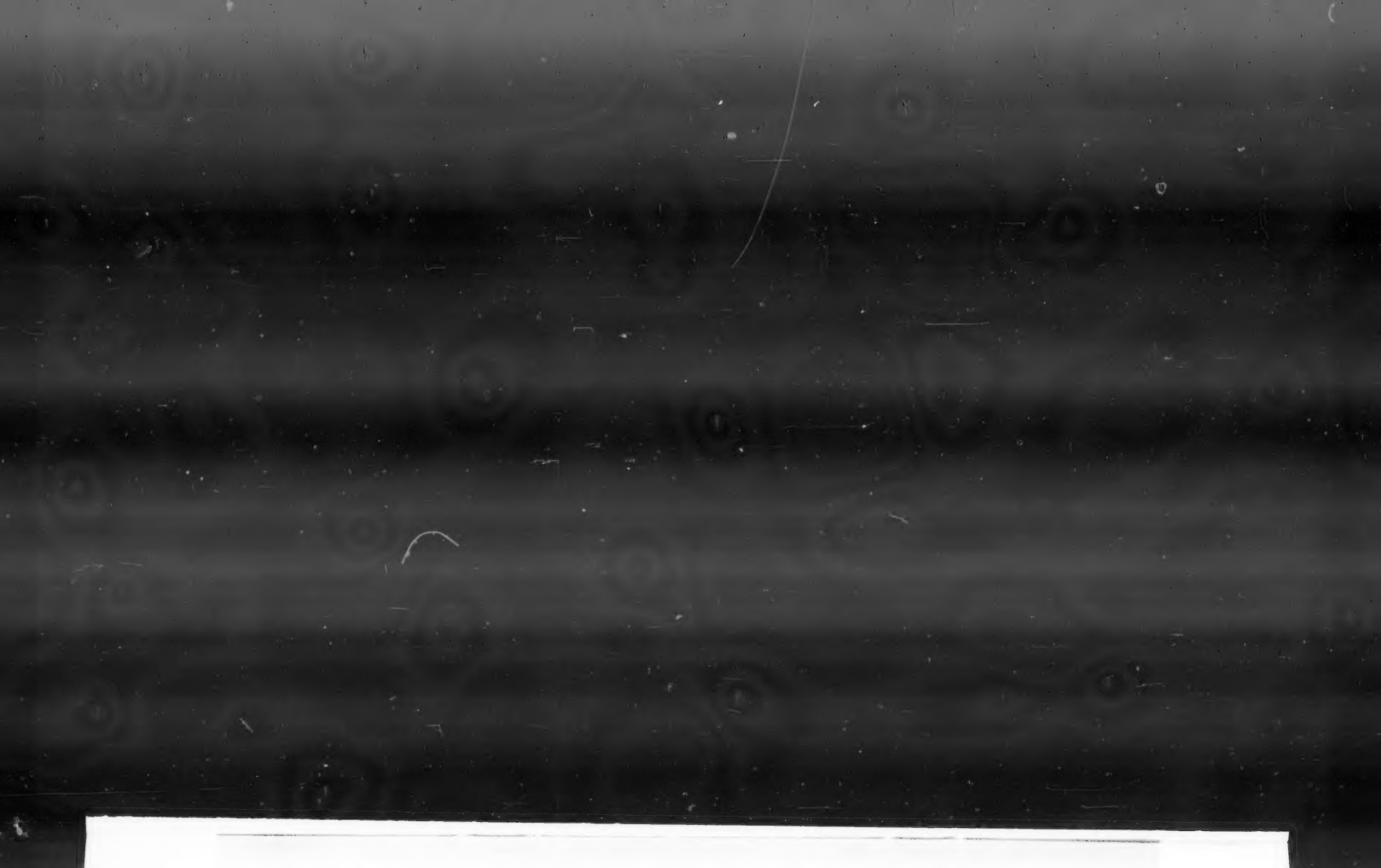
This quip, tossed my way at the beach last summer, made me think how often varicose veins in nurses are looked upon as a sort of occupational disorder.

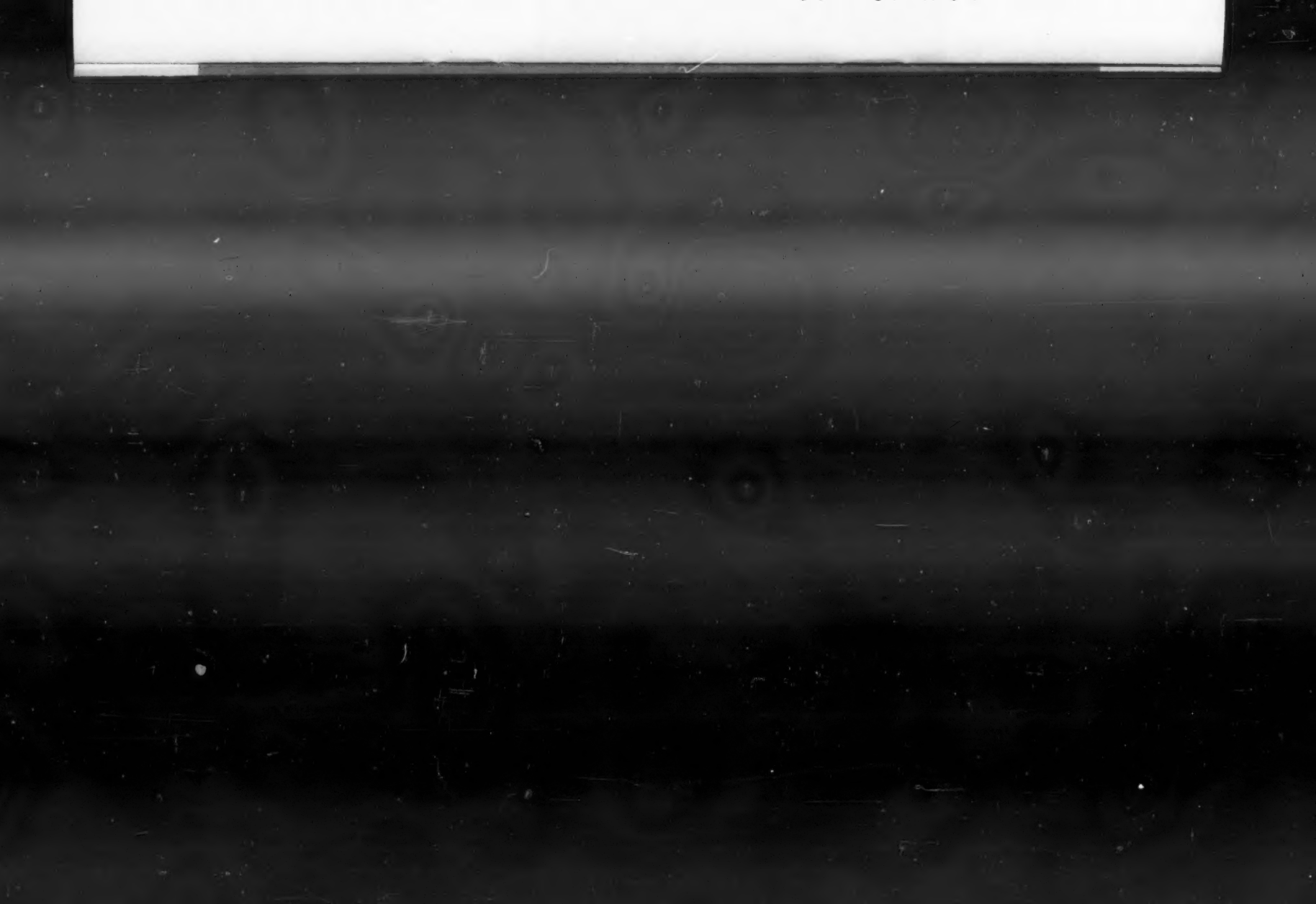
Whether or not they actually are an occupational disorder is open to some question. Dr. Alton Ochsner of New Orleans' Ochsner Clinic says varicose veins are far more likely to be the result of heredity than of one's occupation. As he puts it, "The principal cause of varicosities is an hereditary predisposition. Almost without exception, people who have varicosities are individuals in whom there is a family history of varicosities, particularly on the maternal side."

Primary varicose veins, says

Superficial Venous System







Dr. Ochsner, are caused by a defect of the walls and valves of the veins. (Secondary varicose veins can also occur. These are caused by increased venous pressure or phlebitis.) The defect so impairs circulation that eventually the veins become dilated and tortuous—in a word, varicose.

Dr. Irving S. Wright, Professor of Clinical Medicine at Cornell University Medical College, expresses the opposite view:

"It is true that varicose veins do often run in families. And in such instances there is probably an hereditary or familial weakness of the valves and walls of the veins.

"But most of the patients we see have varicose veins following thrombophlebitis, or they are associated with occupations requiring prolonged standing. There is no question that policemen, bakers, and others who are compelled to stand for many hours daily have a much higher incidence of varicose veins than do those who are able to change their posture frequently."

More of the authorities questioned by this writer agree with Dr. Ochsner than with Dr. Wright. Here's how they describe the physiological process that results in varicose veins:

Venous blood makes the long trip from the feet to the heart by running straight up your legs, against the pull of gravity. This action is accomplished mainly by residual arterial force and by the pumping action of the calf muscles as they relax and contract when you walk. But it depends also on veins with strong walls to exert constant pressure on the rising column of blood and on valves efficient enough to trap the blood momentarily at each of several levels and to keep it from flowing down again. Strong walls and valves are especially important in the saphenous or superficial veins that get little or no support from the leg muscles.

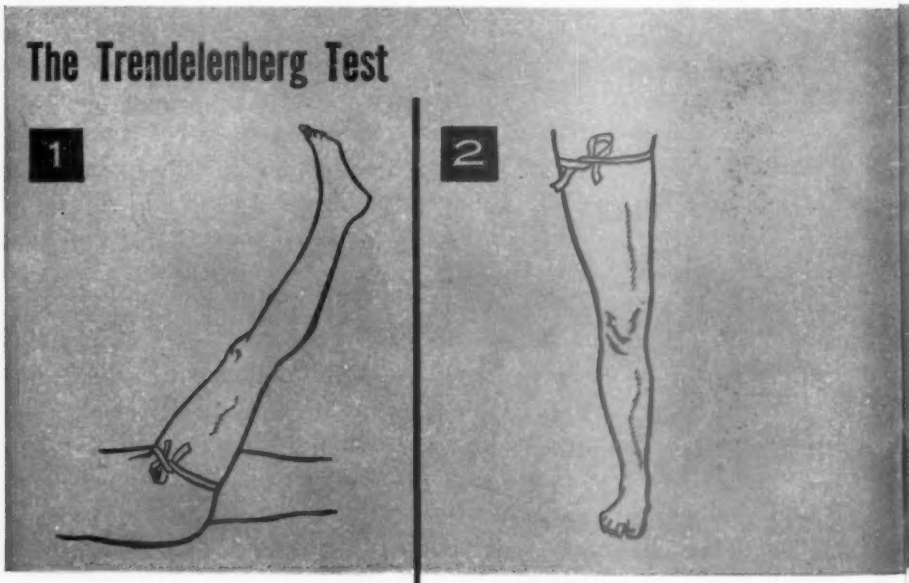
Normally, the saphenous veins do their job well. But in one of every five women and in one of every fifteen men the venous walls are thin and inelastic and the valves are incapable of closing tightly to prevent backward flow.

If the valvular defect is serious, varicosities begin to show up during the teens. More usually, they appear between the ages of 30 and 35. (Child-bearing

women often notice them during the second or third pregnancy. The pressure of the gravid uterus interferes with venous return, putting extra stress on the vein walls and valves.)

When a woman predisposed to varicosities becomes a nurse, she subjects her already weak venous system to considerable pressure. If she stands all day, as most O.R. nurses do, or if she sits a lot, as she may do in a doctor's office or a school, the venous blood tends to stagnate in her lower legs.

Under this pressure, the vein walls thin out and stretch still further. The valves lose whatever competence they had. In time, the surrounding tissues may become devitalized. If this condition is neglected too long, it can give rise to eczema, discoloration, and eventually phlebitis and varicose ulcers.



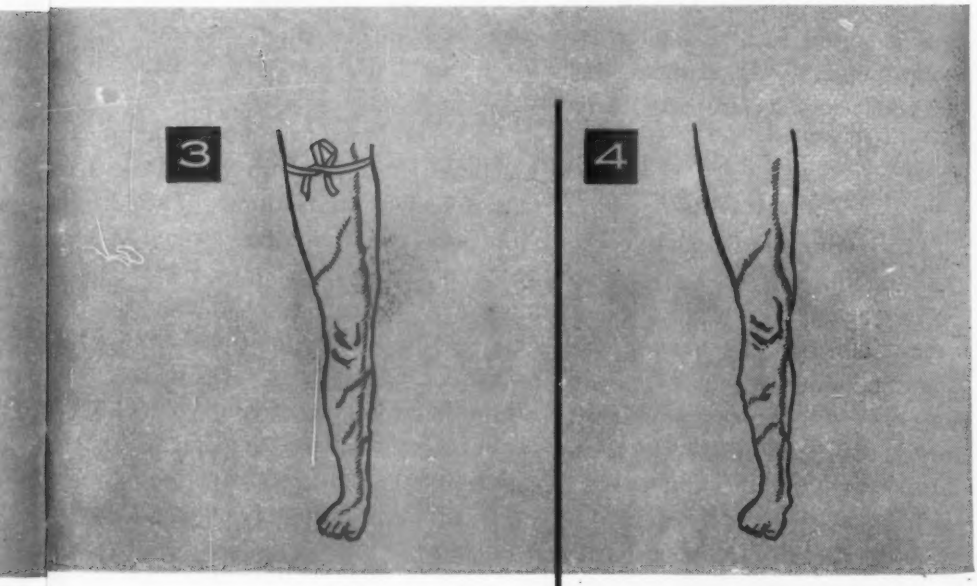
You lie down with your leg elevated. Gravity and "milking" empty your superficial veins. Then an Esmarch's tourniquet at the groin closes off the empty veins. (The deep veins remain full.)

For the rest of the test you stand up. If your superficial veins stay empty for at least twenty seconds after you stand, the valves in your communicating and superficial veins are competent.

A feeling of heaviness and fatigue in your legs, getting worse toward the end of the day or during your menstrual period, is good reason to suspect you may be developing varicosities. Cramps in your calf muscles at night or when you go swimming, or itching and swelling around your ankles after a day's work, are also indicative, especially when they accompany the feeling of heaviness and fatigue.

Most of these same symptoms also characterize osteoarthritis of the knee, herniated intervertebral disk, or even flat feet. If you notice any of them, it's time to see a doctor.

One thing the doctor will be interested in is your family history. He may ask, "Does either of your parents have varicose veins? How about other close relatives? Were you ever told that the skin on your feet



If your superficial veins fill immediately when you stand, the valves in your communicating and superficial veins are incompetent. In other words, the valves have failed to hold back the flow.

If the superficial veins stay empty for twenty seconds after you stand, then fill rapidly when the tourniquet is pulled off, the communicating valves are competent but the superficial valves are not.

had a bluish color when you were born?"

These are all signs that you may have inherited defective veins.

His physical examination will probably include a Trendelenberg test to check the competence of your valves (see illustrations). If the test is negative—meaning your valves are effective—the most you'll need will be minor treatment.

Injections, elastic stockings, exercise, and rest periods with the legs elevated are some of the methods used for treating early varicosities.

Why Injections?

The purpose in giving sclerosing injections is to bring temporary relief of symptoms. But many doctors no longer approve the injection method. They say it scars and distorts the veins, makes any stripping operation later very difficult, and carries with it the danger of embolism should a piece of the dead tissue break off. Others say that in selected cases the injection method is valuable and safe, when done according to recently improved techniques.

Good elastic stockings are often prescribed. Their value lies in the fact that they encourage the movement of blood up the venous tree by exerting a decreasing pressure from bottom to top.

Most doctors seem to prefer the below-knee stocking with open heel and toe. The long ones, though better looking, often crease behind the knee when you sit, acting as a tourniquet on the short saphenous veins. Of course, if you stand all day, this won't happen; in which case the long stockings, properly fitted, may do.

It's a good idea to put on your elastic stockings before you get out of bed in the morning. (The long kind need not be hooked to your girdle right away, for they give enough support even loose.) But if you don't put them on till later in the day, then first drain the blood out of your veins by elevating your legs at a forty-five degree angle for a period of approximately twenty minutes.

Exercise for people with varicosities is almost universally recommended. Walking, bike riding or bicycle exercises, swimming or walking in deep water, deep knee bends—any of the

things that call the leg muscles into play and help massage the venous blood up out of the leg veins—are in order.

Dr. Ochsner suggests some simple exercises you can do even while at work: Rise on tiptoe from time to time. Flex your toes. Contract your calf muscles.

For those [*More on 80*]

Let's Have Special Licenses For R.N.-Specialists!

By Marian L. Silleck, R.N.

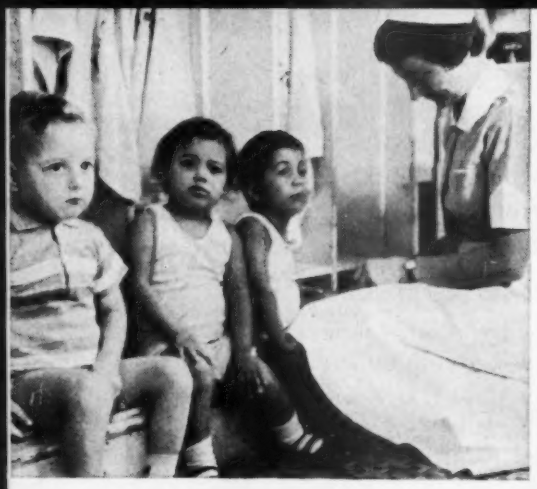
Why not issue a special license to the R.N. who completes extra schooling and passes a specialty examination in geriatrics, pediatrics, orthopedics, obstetrics, or some other field? At present, many a nurse feels her extra training was in one sense a waste of time, energy, and money, for it has not guaranteed her a better job or a better salary.

Before an R.N. is hired by a hospital, she's of course interviewed in detail, and her past experience is carefully noted. But how often is she then assigned to a job where her experience and training really pay off?

Shorter training time, plus advances in medical knowledge, have made it impossible for a nurse to keep abreast of all modern procedures. In this day of specialization, she can no longer be expected to transfer from one section of a hospital to another and still do the most efficient job.

How many of us panic when we're assigned to a postop heart or lung patient? How many R.N.s can still accurately differentiate between diabetic coma and insulin shock?

It's obviously costly and foolish to ignore special training by placing nurses in positions where they cannot make their greatest contribution. Special licenses for specially trained R.N.s can help nursing maintain high standards in the face of more complex responsibilities. END



Nurses ready 275 children to quit the New York Foundling Hospital's eighty-five-year-old building on East Sixty-eighth Street for a shiny, new $10,000,000 home on near-by Third Avenue. Oldest of the foundlings to make the move: 2 years. Youngest: 2 months.

Abandoned and neglected children cared for by the Foundling Hospital number about 1,000 a year. Total cared for since the hospital's establishment: 107,286.

Moving Day

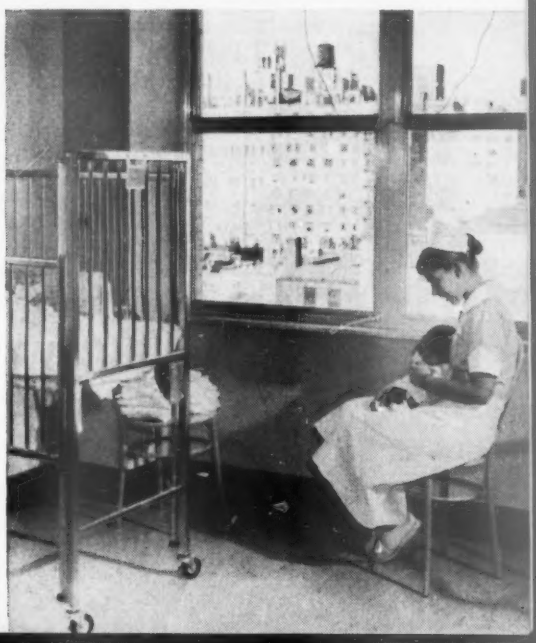
Police halt traffic as 170 nurses, thirty Sisters of Charity, and several hundred volunteers usher their charges across the avenue—some in arms, others in carriages, most toddling. The hospital's coadministrator, Msgr. McGuire, speeds them on their way with a prayer:

for Foundlings

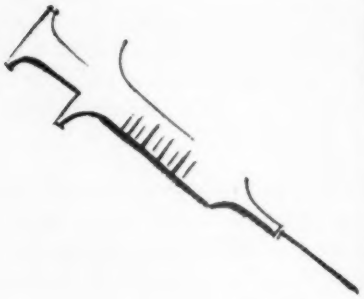
"God's Blessing for a Safe Journey." Nearly 1,000 bystanders beamed, applauded, wept. But stuffed toys, real animals, and the big, new outside world so intrigued the tiny travelers that tears among them were few. Only casualty of the trip: a goldfish.

By 3 P.M. the move had been completed. New building sports large rumpus rooms where youngsters quickly made themselves at home. Site of the old hospital building will be used for an apartment house.

Children's quarters occupy seventh, eighth, and ninth floors. Rooms accommodate six cribs or bassinets. There's a nursing school, nurses' residence, and space for thirty-four unwed mothers.



The Risk You Run With PLACEBOS



These 'inactive substances' actually exert a powerful psychological force—so powerful at times that the nurse had better be forewarned of the hazard

By Eileen McGloin, R.N.

The word placebo means one thing to the nurse, another to the pharmacologist. It holds still further meaning to the doctor.

To the R.N. a placebo is the sterile hypo she gives instead of a narcotic, the sodium bicarbonate she puts in an empty "sleeping pill" capsule. It's a way to calm an excited patient without giving narcotics or sedatives.

To the pharmacologist a placebo is the alternate substance he uses when double-blind testing new drugs. Half the patients in a sample group get the real drug; the other half get a placebo. They don't know which is which; and neither do the nurses who attend them. The test helps show how much of the drug's

action, if any, is due to its pharmacological properties, how much to the power of suggestion.

To the doctor who orders the medication, a placebo is both these things plus one more: It's a potent therapeutic aid that utilizes the patient's faith in his physician.

Dorland's medical dictionary calls the placebo "an inactive substance . . . formerly given to please or gratify a patient, now also used in controlled studies to determine the efficacy of medicinal substances." But the Journal of the American Medical Association says "most dictionary definitions of a placebo are too restrictive [inadequate] for modern usage." The patient's faith, it says, "adds great psychic power to the efficacy of any therapeutic measure and makes the placebo an important adjunct to treatment."

It's this very psychic power that makes the placebo a risky thing to use too freely. "Too risky for a nurse," says one medical authority, "for it borders on practicing medicine."

But what, specifically, is so risky about giving placebos?

"The real risk," says a well-known clinician, "is getting into the habit of substituting a kind of 'magic' for good nursing care. I don't feel that a nurse should *never* give a placebo on her own initiative. If I know she's a good nurse who uses sound judgment, I'm happy to have her administer an occasional fake sleeping pill instead of waking me up in the middle of the night to tell me Mrs. Jones in 104 can't sleep. But if she made a habit of this sort of thing, I'd no longer think she was a good nurse."

Besides taking a chance of warping herself professionally, the nurse who uses placebos indiscriminately risks masking the patient's real needs. This is especially true in the case of emotionally disturbed patients, says Dr. Keith Fischer, Associate Professor of Psychiatry at Temple University.

"Some patients don't have as much pain as their constant demand for narcotics would seem to indicate," he says. "Yet this kind of complaint may be an important signal—a signal of inner turmoil, for example—that needs and would respond to psychotherapeutic treatment.

"Placebos may help keep such a patient quiet while he's in the hospital. But it's poor therapy

to send him home with his inner conflict still unresolved. A nurse who's been trained to recognize emotional disturbance is also unfair to herself when she misses this kind of opportunity to put her talents to work."

Dr. Mark Rayport, Associate Professor of Neurosurgery at Albert Einstein College of Medicine, puts it this way:

"A good nurse doesn't *have* to resort to the sterile hypo or the sugar pill. She's got the power of the placebo in her own person. For example:

"Suppose that a patient suddenly insists on being given 'something for my pain.' The first thing for the nurse to determine is whether this is *really* pain or just his way of expressing anxiety and fear. The patient can't make the distinction. He's too upset. The nurse has to *find out* what she can do to help him.

Placebo-Substitutes

"So she begins a process of elimination. She does a few of the comforting, reassuring things like smoothing his pillow and adjusting his light. These alone may allay his anxiety. If not, she tries to get him to put his fear into words. Sometimes if she just looks unhurried and willing to listen, he'll pour out his whole problem. If none of her nursing measures succeeds, then she's justified in calling the doctor."

Here's a concrete example of the placebo effect a nurse can have on a patient:

A woman with hypertension was admitted to a medical ward. During the night, she began to ask for a "needle." The nurse tried to explain to her that she didn't need one, that the pills she was getting would help her, and that if she would just lie quietly she'd soon fall asleep. The nurse then straightened the woman's bed, brought her some fresh water, and tiptoed out of the room.

Five minutes later, the call light went on again.

"I had a lot of work to do," says the nurse. "I was tempted just to go ahead and give her a sterile hypo. But I don't like to give anything without a physician's order. So I sat down by her bed for a minute, trying to decide whether to wake the doctor or not.

"Do you know what happened then? She reached out and took my hand and said, 'Nurse, I'm going to die with diabetes to-

night, just like my mother did. Why don't you give me something so I'll be asleep when it happens?'

"I was so amazed that for a moment I couldn't talk. She told me then that her mother had died in diabetic coma and that she knew diabetes ran in families. She said she'd heard someone in the admitting office talking about diabetes, so she was sure that that's what she had. Later, when we did not give her any insulin shots, she figured she was so far gone that we were just going to let her die.

"Imagine how frightened she was! I thanked Heaven that I'd sat down by her bed for that important minute. Now I could really help her.

"I explained the misunderstanding and revealed enough about her condition to convince her that she wasn't going to die. She seemed reassured and, soon after, fell asleep.

"But that wasn't the end of it. Actually, she must have been

living with this fear for most of her life. For the rest of her stay in the hospital, she needed constant reassurance by everyone on the staff. And when she left we gave her two appointments: one for cardiovascular clinic and the other for mental hygiene clinic."

Taking a few extra minutes to win a patient's confidence, says Dr. Rayport, often saves a lot more time in the long run than simply giving a placebo. Once the patient trusts you, your very presence can have a placebo's effect. So turn to your nursing skills before turning to the medicine cabinet, he advises.

By doing this, you minimize another risk: the remote but very real chance that a patient may have a serious physical reaction to the placebo's psychic effect. Such risks aren't as far-fetched as they may sound.

A nurse in a small hospital in Ohio reports that one night when she was alone in the emergency room, a man was brought in who'd been seriously injured in an automobile accident.

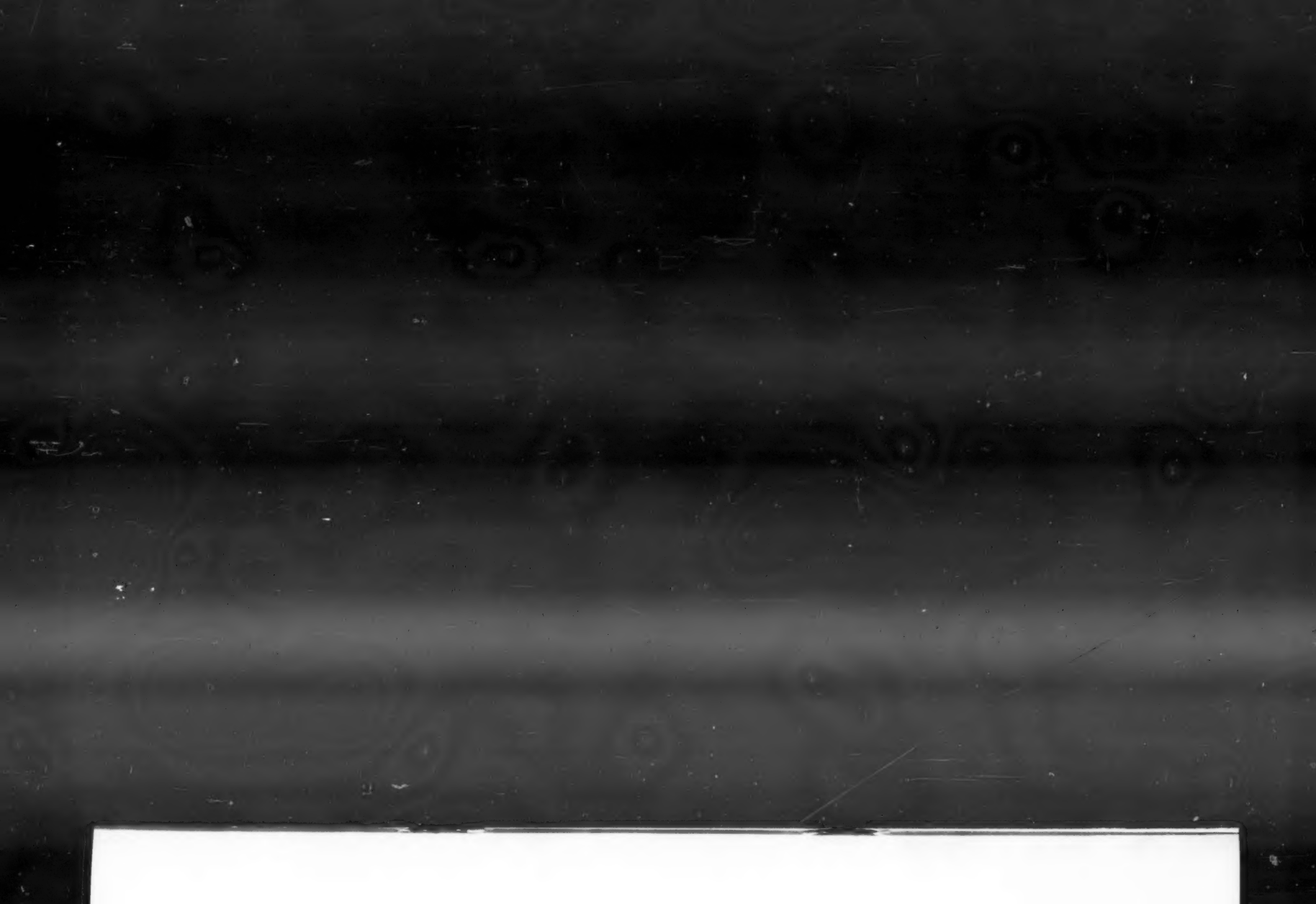
"He was begging for something for his pain," she relates, "but I didn't have any standing orders so I couldn't give him anything. Since he seemed to be in real agony, and since the doctor was at least fifteen minutes away, I decided to give him a sterile hypo. The minute I did so he went into shock.

He Nearly Died

"Later, the doctor told me he'd been on the verge of shock anyway; and just the psychic effect of getting that injection was enough to push him into it. Fortunately, he pulled through. But I don't know what would have happened if he'd died. I suppose I could well have been sued for practicing medicine without a license."

There appears to be some basis for this nurse's concern. According to George E. Hall of the A.M.A.'s legal department, "a nurse who gives a placebo without a doctor's order is in the position of having diagnosed and prescribed in the physician's absence and having thus violated her state's medical practice act."

Though the placebo is an "inactive substance," it nevertheless has important therapeutic power. By learning to use this power wisely, doctors and nurses can make it serve the best interests of their patients. END



Miss Tompkins and God's Angels

BY VIENO JOHNSON, R.N.

When I was a student nurse a good many years ago, our training was based on the same principle that had ordered the "Charge of the Light Brigade": For us it was a matter of do or die—not reason why.

Good performance was expected. Praise was considered unnecessary. We knew we were doing satisfactory work only if we were not criticized.

And criticism was easy to come by. We got it for "hospital corners" that weren't quite square, for chairs that weren't aligned with military precision, for just one wisp of hair out of place.

The lone exception among our stern-minded instructors was a head nurse I had. This nurse—I'll call her Miss Tompkins—was not what anyone would call outstanding. She was plain, a little too buxom, and certainly not brilliant. Yet somehow she managed to create a climate in which patients and nurses were happy and contented.

Indeed, she taught me one of the most important lessons of my life. But she did it so casually that I

didn't realize till years later the value of what I had learned.

It started with my assignment to the septic ward in my second year. This assignment did not make me (or any student) very jubilant. All the patients were acutely ill. The ward was a melancholy place rife with that "good old surgical stink" (as pre-Lister doctors used to call the odor of surgical wards). So we named it "Old Stinkhole."

In those days, sulfa drugs and antibiotics hadn't been heard of. Erysipelas and gas gangrene were still fairly common. I'd made up my mind that my tour of duty on "Old Stinkhole" would not be a happy one.

When I reported for duty, Miss Tompkins said pleasantly, "Good morning, Miss Johnson. It's nice to have you with us. I hope you'll be happy here."

Her greeting was so unexpected it almost bowled me over. No head nurse had *ever* spoken to me that way. In fact, none had ever done more than assign me my duties and imply: "Snap to it, and no nonsense!"

I soon realized that "Old Stinkhole" wasn't so bad after all. True, it was cheerless and smelly, and the patients did need a lot of care. But there was an esprit among both staff and patients that I've rarely seen anywhere.

One day, when I had a particularly difficult patient—a 10-year-old boy who'd lost both legs under a moving train—Miss Tompkins came into the room.

"Here, I'll give you a hand," she said. She showed me how to turn the lad and change the linen without causing him too much distress. She was so quick, so deft, it seemed no work at all.

"I hope some day I'll be able to do things as easily as you," I said.

"No question about it," she replied. "When you've been at it twenty-five years, as I have, you'll be even better. You're the best student I ever had on the floor."

Her words were like a shot in the arm. Even though I suspected she told other students the same thing, I glowed with a pride I'd never experienced in my life.

Before I left "Old Stinkhole" I resolved to find out *why* Miss Tompkins was so different from our other head nurses. What was it that had made her decide to praise her students rather than

keep them—as was the usual custom—under constant criticism?

One day I asked her. And she told me:

"You should have known me years ago," she said. "The students used to call me The Broomstick—behind my back, of course. They said that's what I rode to work on. But that was before I learned about God's angels."

"God's angels?" I asked.

"Yes. From the Eighth Psalm: 'What is man, that Thou art mindful of him? . . . For Thou hast made him a little lower than the angels . . .' "

Reading the Psalm, she said, had set her thinking. Up to then she had spent so many years being autocratic and keeping the students scared of her that none of them dared to "reason why" when she gave an order.

They all hated her, she knew—but no more than she hated them. She hated her job, too. She hated the hospital, the patients—everyone. She soon came to hate herself, and with the worst hate of all.

But now, reading the Psalm, she decided to try an experiment: She would call a moratorium on criticism. She would look for something to praise in her student nurses. She would encourage every student on her floor.

"If a student vexed me," she said, "I just repeated, over and over, 'Thou hast made her a little lower than the angels.' When extra busy, I shortened the quotation to 'God's angels.' "

Soon she found that she no longer hated her job, the hospital—or anyone. She realized the chaotic state of mind she'd lived in so long had been of her own making.

In sum, she discovered that to find one's life one must lose it in others. She came to realize that kindness, tolerance, and love aren't just things to hear about in church on Sunday.

Everyone noted the change in her. It was obvious. For she found satisfaction in her work that she'd never dreamed of.

I remember a student saying to her, "Miss Tompkins, I hope when I'm a head nurse that *my* students will be inspired the way you've inspired me."

"Inspired!" she exclaimed. "Now don't you go giving me the credit. The credit belongs to God. All I did was tune in. Anyone can do it!" END

TRACHEAL FENESTRATION

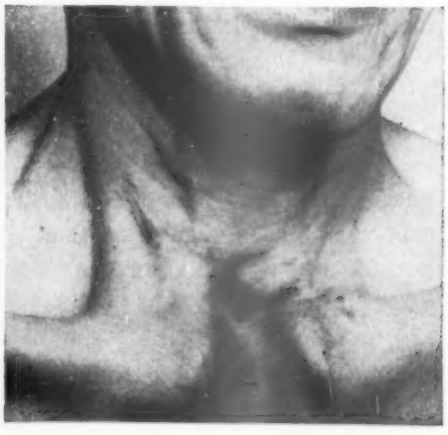
This dramatic new surgical procedure spells increased responsibility and opportunity for the nurse

By Patricia D. Horgan, R.N.

In the wake of many new surgical procedures come new nursing techniques. Tracheal fenestration is an example. It gives rise to a need among nurses to learn still another technique: that of aspirating retained bronchial secretions.

Until recently, these secretions have been aspirated only by the doctor with his bronchoscope.

A tracheal fenestration creates a permanent opening into the trachea. Aspiration of secretions through this opening lets the patient with a pulmonary disorder (such as suppurative lung disease, bronchiectasis, or emphysema) breathe more easily.



Here's the result of a tracheal fenestration, with the skin valves healed. When closed, as shown, the valves make the fenestration airtight and leakproof. Result: The patient can breathe, speak, and cough normally.

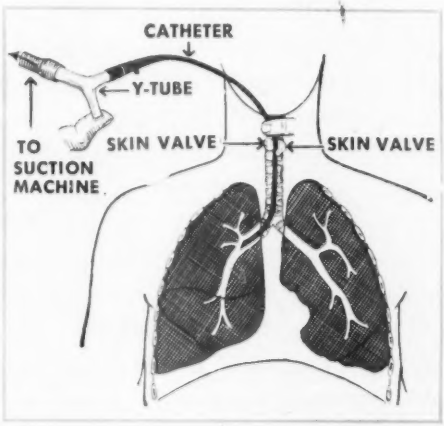
If the secretions in such a patient are retained, they may so limit his oxygen reserve as to make him practically an invalid. If, on the other hand, the secretions are aspirated, he may be able to live almost normally, perhaps even returning to work.

Tracheal fenestration is similar to tracheostomy in that both provide an opening into the trachea.

But, instead of the metal tube used in a tracheostomy, the tracheal fenestration creates a skin-lined tube (the skin taken from the anterior surface of the patient's neck) that extends outward from the trachea The external opening of the skin tube is covered with two doorlike skin valves. When closed, these valves let the patient breathe, cough, and speak normally.

Because the delicate skin tube and valves of the fenestration take about two weeks to heal, the patient has to have also a *temporary* tracheostomy so that secretions may be aspirated during the healing period. The tracheostomy is done at the same time as the fenestration. When the fenestration has healed, the tracheostomy tube is removed. The opening is then allowed to close.

After surgery you'll aspirate—and teach the patient to aspirate—the tracheobronchial secretions. This is done with six catheters of different diameters. Each catheter is semirigid and curved. Each is marked off in centime-



Tracheobronchial aspiration procedure: Spread skin valves apart with thumb and forefinger. Insert catheter into bronchial tree, thence into desired lung. Close end of Y-tube with thumb. Withdraw catheter slowly.

ters so that the user can tell how far into the bronchial tree the tip has penetrated.

You attach the widest catheter to the suction machine, then thread it through the fenestration and bronchus, and then into the right or left lung. Turning the catheter slightly directs it into the desired lobe.

A Y-tube is attached to the catheter, and you place your thumb over the open end of it. This closes the suction circuit, and secretions from the lobe are aspirated as you withdraw the catheter.

You repeat this procedure with the remaining five catheters, each time using a narrower one, until secretions have been aspirated from even the smallest bronchi.

Patients Can Do It

With proper instruction, most patients are soon able to master the insertion and direction of catheters. You can help by giving your patient a diagram of the bronchial tree and a mirror so that he can watch as he does the aspiration.

Once a day, the catheters are placed for forty-five minutes in a boat containing a chemical sterilizing agent, then flushed with sterile water and wiped with moist sterile gauze. To preserve the catheters' natural curve, a sterile stylet is inserted in each. They are then placed in a dry sterile boat.

Dr. Edward E. Rockey, clinical instructor in surgery at New York Medical College, who performed his first tracheal fenestration in 1956 and his twenty-first in October, 1958, believes this procedure has marked advantages over the conventional tracheostomy.

Why It's Better

His reasons: First, because there is no need for a metal tube to keep the opening patent, strictures or irritation of the trachea are eliminated. Second, the patient can breathe and speak normally.

"And," adds Dr. Rockey hopefully, "tracheobronchial aspiration is the first procedure to give symptomatic relief to the victims of cystic fibrosis whose lungs become filled with secretions."

Once again, a new technique underscores the fact that as medicine develops new and better procedures, nurses must grow in skill and competence. END

How to Put Your Ideas Across

Here's the secret of engaging successfully in group discussions—whether formal or informal

By Fred DeArmond

Dale Carnegie's old formula doesn't fit when you're talking things over with other nurses: You're not trying to "win friends and influence people." Instead, you're trying to influence friends without alienating them.

It can be done. I've watched nurses who are extremely skillful at this. They manage to disagree without being disagreeable. They win their points without losing friends.

The secret of their success? I'd say it boils down to six simple rules. Try them the next time you take part in a professional talkfest:

1. Inquire first, before disagreeing. When a nurse makes an assertion to which you take exception, ask her why she holds that view. The purpose of such a tactic is twofold. First, it'll cause her to amplify, clarify, or qualify her position. This may

SCIENTIFIC COSMETOLOGY approaches the problem of

Advancing Research in Dermatology

Much remains to be learned of the fundamental processes in aging of the skin[1,2] and of "...the way in which the skin's chemical constituents and physiologic functions can be altered under the influence of modern medicinal preparations at our command."[1] Significant investigations of the factors underlying skin aging have been sponsored by the cosmetic industry and accomplished by its investigators.[3]

Changes in Aging Skin

The biologic process of aging is irresistible[4] and atrophy of the skin starts at about 40.[5] The rosy, smooth and elastic skin of youth eventually becomes pale, wrinkled and flaccid.[5] Loss of elasticity is an outstanding feature.[2,6] The sebaceous glands become much reduced in number, except for the nose and forehead.[3] Alterations in the surface texture and oiliness of the skin occur.[7] The characteristic dryness appears because both epidermis and dermis lose their ability to take up water.[8]

The Role of Heredity, Environment, Hormones

Heredity plays an important role in the rate at which skin ages.[2,5] Environment—heat,[2] cold,[2] humidity,[2] light[2,5]—has a considerable effect: prolonged exposure to sunlight ages skin prematurely.[9] Inadequate hormonal secretion produces skin changes associated with aging.[2,7,9,10] This is indicated by the dry, inelastic, wrinkled skin associated with waning of the ovarian hormones,[11] "...the rejuvenation of old skin by the topical application of endocrines..."[9] and "...the proliferation of the epithelium and increased vascularity and elasticity of the dermis following administration of steroid hormones...."[10]

Evolution of Topical Hormone Therapy: 1. Estrogens

The first physiologically active cosmetics for mitigating the effects of aging were estrogen creams which had "...at least in some cases, a marked effect upon the condition of the skin, giving it a more youthful appearance."[12] Although some observers[13,14] have expressed doubts that aging skin can be influenced by estrogen in the quantity present in creams, there appears to be definite clinical and histologic "...support for the anti-wrinkling effect produced by the use of hormone cosmetics, based upon (a) the thickening of the epidermis, (b) the plumping of the collagen fibres."[15]

Local application of estrogens to the thinned skin of older women increases water content and fibroblastic activity.[16] In addition, improvement in the elastic properties of the skin,[17] "...proliferation of the epidermis, progressive development of the rete pegs and papillae... new formation of elastic fibrils and increased vascularization of the cutis..."[10] have been noted. Neither oral[10] nor parenteral[17] estrogen produced these effects.

Evolution of Topical Hormone Therapy: 2. Progesterone

The sebaceous glands are holocrine, producing their oily secretion, sebum, by breakdown of their cells. Sebum forms an emulsion that covers the skin with a protective film and permeates the outer layer of the stratum corneum.[18] This helps maintain normal hydration and pliability.[18] As the skin ages, the sebaceous glands are reduced in number[3] and "the gradual diminution of sebaceous secretion leads to drying of the skin and loss of superficial lustre...."[19]

the AGING SKIN:

Restoration of Moisture and Surface Oil

The size, development and number of sebaceous glands determine the amount of sebum.[18,20] "It is only by the division and multiplication of [sebaceous]...cells that sebum can be formed."[21] "Progesterone definitely stimulates sebaceous gland growth,"[22] by increasing the number of sebaceous cells.[18] This action of progesterone, applied topically, increases the amount of surface oil.[23]

Development of a Topical Hormone Cream with Estrogens and Progesterone

As a pioneer in cosmetic hormone therapy, Helena Rubinstein initiated dermatologic, endocrinologic and cosmetologic studies to determine the effects of preparations containing both female hormones. A face cream, containing 10,000 I.U. of estrogens and 5 mg. of progesterone per ounce was formulated. This was tested for efficacy and safety in conformance with the same stringent standards designated by official regulatory bodies for prescription pharmaceuticals.

As shown by *in vivo* osmic acid staining of inunction sites and by histochemical studies, nightly application of both hormones increased natural oil and emolliency[24] and produced hydration, or plumping, of the skin.[24] Two-thirds of the women noted benefits to their skin.[24] Objective improvement was observed in over half of the women by dermatologic examination.[24] No effect on menstrual cycles and no significant changes in vaginal smears or urinary estrogen excretion were detectable.[24] Freedom from irritation and sensitization was shown by the Schwartz-Peck method (48-hour closed patch and re-test) and the more rigorous Draize-Shelanski method (continuously reapplied closed patch multiple insults).[24]

Beauty through Science: Ultra Feminine

Until quite recently little significance was attached to the dermatologic effects and cosmetic benefits of topical therapy with either or both female hormones. For today's maturing woman, with many productive years before her, such therapy can perform important beautifying, psychological, social and clinical functions. A product of scientific cosmetology, Ultra Feminine can help her retain her attractiveness and youthful appearance well past "middle age." You may recommend it with confidence.

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Clinical Research Division

Helena Rubinstein, Inc.

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show that, after all, no essential difference of opinion exists.

If your questions don't accomplish that much, they may at least uncover some basic ground of agreement. That's the best possible start toward reconciling conflicting views.

To Uncover Weaknesses

A "why" question may cause your colleague to state a reason or theory that's even more vulnerable to attack than her original statement. This should indicate how you can answer her argument most effectively.

Similarly, if you're the speaker and a listener expresses disagreement, ask her right off *why* she disagrees. Then, when you answer her, you can attack her real reason for objecting to what you've said.

2. Don't stick your neck out too far. At a district meeting, an O.R. supervisor talked on the importance of the scrub nurse being an R.N. Another nurse then asked why a properly trained aide couldn't do this job.

"Well," said the supervisor, "you may find some aides scrubbing in other parts of the country, but you won't find them doing so in this district."

"I beg your pardon," the nurse replied, "but in our hospital we use aides exclusively as scrub nurses."

All the speaker could say then was that her assertion had been too broad. She added that *she'd never known* of a case where aides had been used successfully; which is what she should have said in the first place.

By qualifying a statement, you leave open an avenue of escape. Don't burn your dialectic bridges behind you. You may need them later.

3. Avoid direct contradiction. The worst way to take exception is to begin with "That's where you're wrong" or "No, that isn't true." Such remarks carry an implication that the other person is either ignorant or deliberately deceitful.

The objectionable statement may have been a tentative view tossed off without reflection. It may be subject to reversal when countered by the question method. But when you use a contradictory tone, the effect is to make your colleague stiffen and defend her position. She then feels duty-bound to justify her first thought.

Don't Embarrass Her

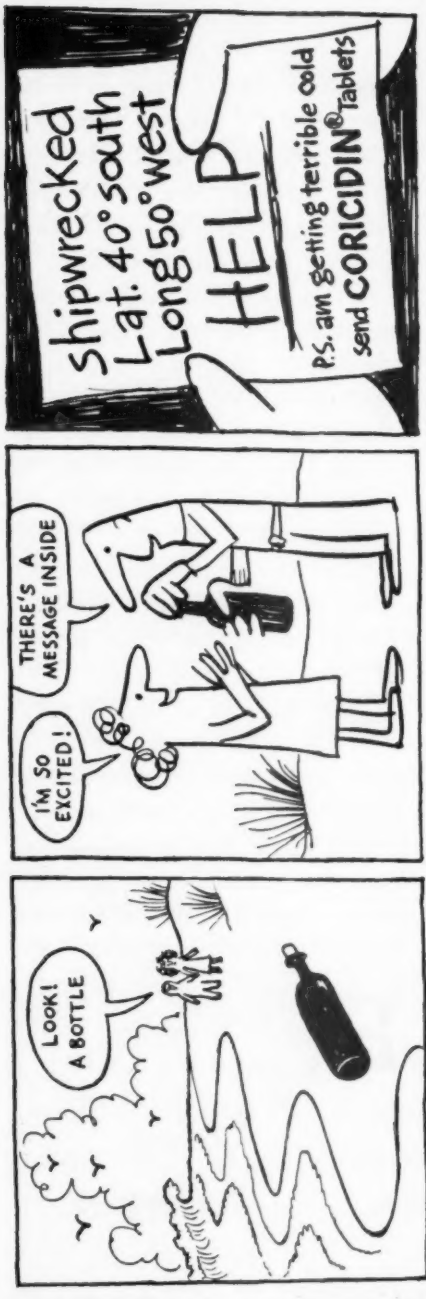
No one enjoys being corrected in a misstatement of fact. So when you set the record right, remember your opponent's need to save face.

Preface your correction with, "Haven't you forgotten something there?" Or say, "That's an easy point to overlook because there have been so many changes lately in hospital practices, but I believe you'll find that . . ."

If you're registering disagreement with another nurse's conclusion, word your dissent as an opinion rather than as a dogmatic contradiction. Don't say, "That's not the cause." Say, "In my opinion, that's not necessarily the cause."

The first sounds like a challenge of the speaker's veracity. The second merely states a point of view.

Another way to dissent without direct contradiction is to agree with part of an assertion while disagreeing with another part. When Dr. Johnson said something reflecting adversely on the scenic beauties of Ireland, Boswell asked whether the



King's Causeway was not worth seeing. "Worth seeing, yes," answered Johnson. "But not worth *going* to see."

By expressing your agreement first, you soften your dissent. A smart commentator will say: "I liked Miss White's remarks on the two-year course very much. From one point of view there's much to be said for her contentions. But now I suggest you consider another side of the question."

Remember that any sincere nurse who states an erroneous opinion honestly believes she's right. Her error lies in failing to see the issue from the opposite side also and to appraise the relative value of the two views.

Don't Question Motives

4. Don't impute ulterior motives to someone who holds an opinion contrary to yours. "It is a common mistake in judgment and a dangerous one in conduct," wrote the celebrated Junius, "first to look for nothing in the argument proposed to us but the motive of the man who uses it, and then to measure the truth of his argument by the motive we have assigned to him."

A nurse once made a speech reporting on a new prosthetic device she had helped to devel-

op. One of her listeners was offensively skeptical. "Miss Lee," she asked, "just what is your pecuniary interest in this device?"

"None whatever," was the reply. "I've waived all my royalties in the hope of keeping down the cost to the patient. Now I'll be generous and not ask what pecuniary interest prompted your question."

The person who starts by impugning motives is in a weak position. Be sure of your ground before trying it. Better still, don't try it at all.

5. Don't let an opponent re-

strict you to a choice of two extremes. Familiar to all verbal jousters is the debater who tries to pin you down to his plan or to chaos. Few propositions are all black or all white. The truth usually lies somewhere between the two extremes.

A Fool's Choice

About twenty years ago, we Americans faced this harsh set of alternatives: "Shall nine old men rule the country, or shall the Supreme Court's power to declare a law unconstitutional be repealed?" The correct answer, of course, was "Neither!"

Some years later, another false choice was offered: "Compulsory health insurance, or laissez-faire medicine?" Here again, there was a third solution better than either of the two mentioned.

A state nurses' association was hotly debating its legislative program. The nurse who finally engineered an agreement was the one who said:

"Some of you tell me that the amount proposed for this program is too large to be raised but that you will contribute to any fund that's reasonable. Others say that the amount is too small but that if we set up a legislative war chest at least big

enough to make our objectives possible, they'll subscribe liberally.

"Now, of course, we could never name a figure that every member would consider ideal. The sum we're asking you to approve is about midway between these two extremes. It's what Theodore Roosevelt would have called a realizable ideal. Let's approve it."

The opposition, finding itself divided, agreed to go along with

▶ **AMUSING . . .**

▶ **AMAZING . . .**

▶ **EMBARRASSING . . .**

▶ **INTERESTING . . .**

No doubt one of these adjectives describes some incident that has occurred in the course of your work as a nurse.

Why not share the story with other R.N.s?

If it's accepted for publication, you'll receive $15-$25.

Contributions must be previously unpublished. They cannot be either acknowledged or returned. Those not accepted within ninety days may be considered rejected.

Address: Anecdote Editor, *RN*, Oradell, N.J.

the middle-of-the-road minority.

6. Don't quibble. Those querulous perfectionists who write the editor to correct his syntax also attend meetings and get involved in luncheon discussions. A well-known speaker once said that about half the questions thrown at him had either been answered in his formal address or weren't worth answering.

Why correct a colleague on hairline points? You can't hope to root out all the error in the world. "Mortal man cannot afford to sit down in the conflux of two eternities and split hairs," W.C. Brann once said in rebuking a grammar shark.

Don't Let 'Em Scare You

On the other hand, just because the speaker is a V.I.P., don't be awed into silent agreement with something of importance that you do not believe in. You have every right to make even an expert defend her views.

Speak out when you differ with a professional colleague—but do it with good humor. Your frankness need not lose you friends. When Herbert Spencer felt impelled to reply in print to something his old friend Thomas Huxley had said, he wrote Huxley a note reaffirming their friendship.

'You Can Damn Me'

In reply, Huxley told his friend: "You have what the Buddhists call a stock of accumulated merit. If you should ever feel inclined to 'damn my eyes,' you can do so and have a balance left."

Now let's suppose that you're doing the talking and that you're trying to make a point. Obviously, any question asked you in good faith deserves a straight-

forward answer. The question may seem absurdly elementary to you, but answer it anyway.

If you're stumped by a query, you can always say, "That's a good question," and suggest that since Miss Jones is in the room she may care to answer it.

Or you may simply say, as one well-known nurse-educator often does: "I don't know. My ignorance about many things is monumental."

In group discussion, then, you can disagree without being disagreeable. Simply follow these six rules:

1. Ask questions to clarify a point or to maneuver the other person into a vulnerable position.

2. Qualify your statements, so that in case of refutation you'll still have an avenue of escape.

3. Correct another nurse's errors in a way to salve her pride.

4. Assume that any colleague's views are honestly held.

5. Refuse to accept a Hobson's choice of two extremes offered by an opponent.

6. Be unwilling to argue about trifles. END

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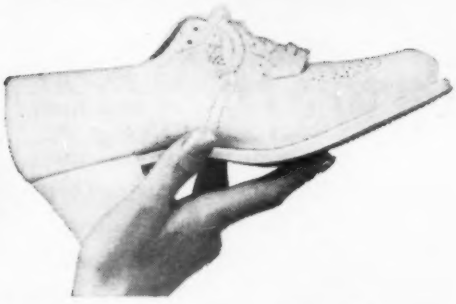

New Shinola "deep-cleans" as it whitens . . . so shoes stay clean *longer*. Just one touch-up makes them dazzling white!

Smooth Shinola on . . . its special detergent action penetrates deep—*erases* out dirt as it *seals* in whiteness! Come surface scuffs, you just "touch-up" in seconds. Your shoes are literally *whiter than new!* Safe for baby's shoes! Exclusive anti-rub-off formula; won't crack, chip or peel.

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Enclosed is box-top from New Shinola White. Please refund full purchase price.

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THE 1958 RN AWARDS*

A NEW CONTEST FOR NURSES INTERESTED IN WRITING

$100..... *for the best original article written by a nurse and found acceptable for publication.*

$100-25... *for all other original articles written by nurses and found acceptable for publication.*

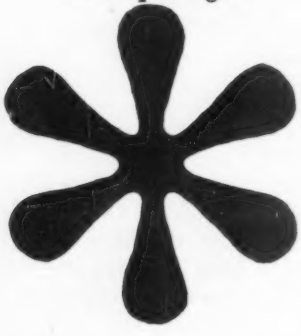
Up to $10.. *for original article ideas submitted by nurses and found suitable for development by* RN's *staff.*

■ *RN* believes that a nurse is the best judge of what interests other nurses. So we're encouraging you to distill something valuable out of *your* experience and put it in writing for the benefit of your colleagues everywhere. Your contribution can be either an article or an article idea. You may submit as many as you wish.

■ Your *article* will have the best chance of winning if it's (a) not more than 1,500 words long; (b) filled with examples, anecdotes, and cases in point drawn from actual experience; and (c) limited to *just one aspect* of any broad subject, whether it be clinical, human interest, economics, technical, or personal.

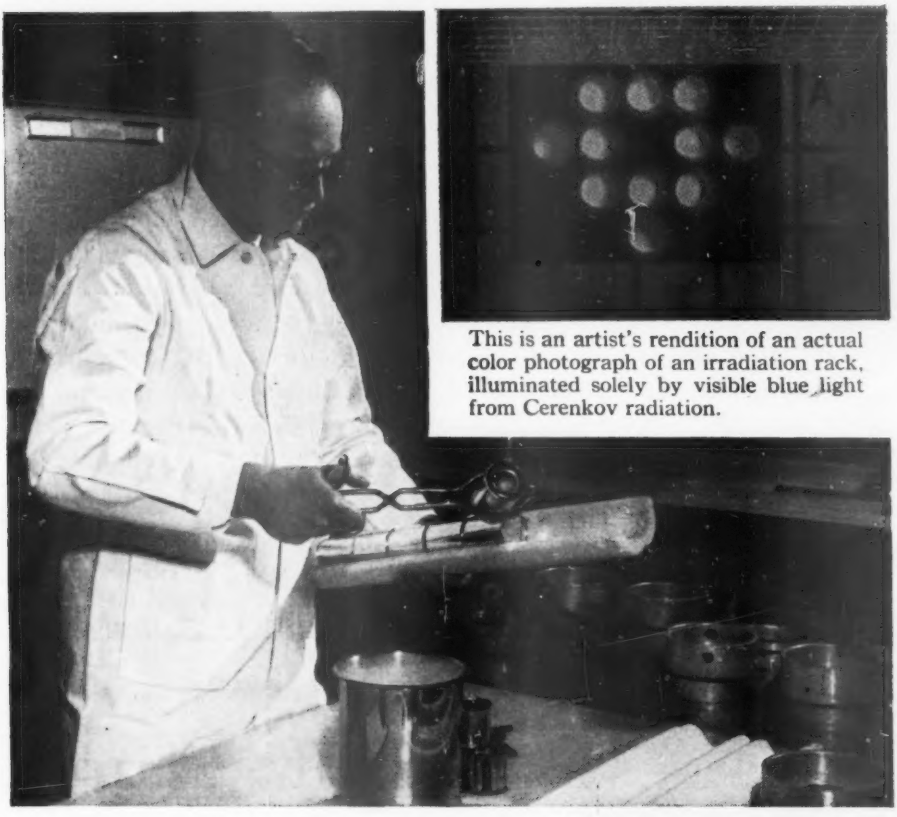
■ Your article *idea* will have the best chance of winning if it's (a) between 100 and 300 words long; (b) specific rather than general; and (c) detailed enough so that our editors will understand *exactly* the point you have in mind.

■ Entries should be addressed to Awards Editor, *RN*, Oradell, N.J. Manuscripts should be typed, triple-spaced on one side of the paper only, and accompanied by a self-addressed envelope and return postage.



Closing date for entries in the 1958 *RN* Awards contest has been extended to December 31, 1958, due to the great number of requests received from nurse-writers who were unable to meet the original June 30 deadline.

TOMORROW'S CANNED FOODS MAY BE EVEN BETTER BECAUSE OF EXPERIMENTS WITH **NUCLEAR ENERGY**!



This is an artist's rendition of an actual color photograph of an irradiation rack, illuminated solely by visible blue light from Cerenkov radiation.

One experiment calls for the exposure of frozen canned foods to gamma irradiation. This photo, taken at the Argonne National Laboratory, shows cans being placed in an insulating cylinder. The cylinder will be sealed within one of the aluminum urns (at right), then lowered into the water of the radiation canal. There it is exposed to rays yielding from one to two million roentgens an hour.

High energy irradiation, alone or combined with thermal processing or freezing, shows interesting possibilities as a means for preserving packaged foods. To explore fully this new technique, American Can Company scientists are participating in an extensive irradiation research program.

Part of this work is carried on through cooperative projects at government and university laboratories, part through independent studies at Canco's multi-million-dollar Research Center in Barrington, Ill. As a result of this program, food for the nation's dinner tables some day may be sterilized by nuclear energy.

AMERICAN CAN COMPANY

Varicose Veins

Continued from 49

who have to sit for long periods, physicians advise getting up at least every half-hour to walk around.

While sitting, place your feet on a stool or ottoman. But don't let the backs of your calves rest on anything for long periods because this tends to shut off the venous return.

Doctors also advise against wearing an elastic girdle if you sit much. A girdle, like round garters or like crossing your legs at the knees, has a tourniquet effect.

Nurses with varicosities should not forget that heavy lifting exerts a strong downward pressure on the venous flow. If you *must* lift a heavy object, take a deep breath and hold it during the lift. This puts to use the negative pressure that's created in the chest cavity when you inhale. This negative pressure helps draw the venous blood up toward the heart.

Dr. Howard Mahorner, director of the Mahorner Clinic, also in New Orleans, reminds nurses

Busy Nurses Like Its Convenience!

Gomco Safety Overflow Valve (patented) prevents pump damage by closing suction system should moisture enter valve.

GOMCO No. 789 PORTABLE ASPIRATING PUMP

Designed with the busy nurse in mind, the 789 is saving valuable time and energy in thousands of hospitals. It is easy to clean, very simple to operate and requires a minimum of maintenance. Lightweight (only 16 lbs.), it is easily carried wherever the need arises. Its wide uses include general post-operative work, removal of mucous from throats of new-born and for polio cases. Accurate regulator valve and gauge give precision control of suction from 0″ to 20″ of mercury. Built to Gomco's uncompromising standards of quality. Depending on number of beds, every hospital needs from 7 to 14 of these units.

Ask your Gomco dealer about the many advantages of the 789 Aspirating Pump. He'll be glad to arrange a demonstration.

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with varicose veins of the importance of frequent rest. "Plan your day to include several periods when you can lie down and elevate your legs," he advises. "If you should injure a leg, stop working for several days. Even slight trauma to varicose veins can cause thrombosis and leg ulcers."

Keeping your weight down is an important rule in avoiding the possible complications of varicose veins.

Even more important is a follow-up examination every six months.

Surgery's the Answer

If in the course of one of these check-ups a positive Trendelenberg test shows that your valves have become incompetent, your doctor may advise surgery. This means removing the now useless saphenous and connecting veins and letting the deep veins take over their work.

Even if your deep circulation is somewhat impaired, this may be advisable. Superficial varicosities contribute to venous stasis, so putting the saphenous veins out of action actually improves the deep circulation.

They Aren't Inevitable

"You don't necessarily get varicose veins *because* you're a nurse," says Dr. J. C. Luke, Assistant Professor of Surgery at McGill University. "But if you're a nurse who gets them, and if your work keeps you standing or sitting all day, they may give you a lot of trouble. Putting yourself under a doctor's care as soon as symptoms appear, and visiting him regularly every six months thereafter, is the best way to avoid the often crippling complications of this disease." END

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500 Sterile RED CROSS Cotton Balls now available in a handy Professional package for the doctor's office.

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(Signed) William L. Chapman Jr.

Sworn to and subscribed before me this 1st day of October, 1958.

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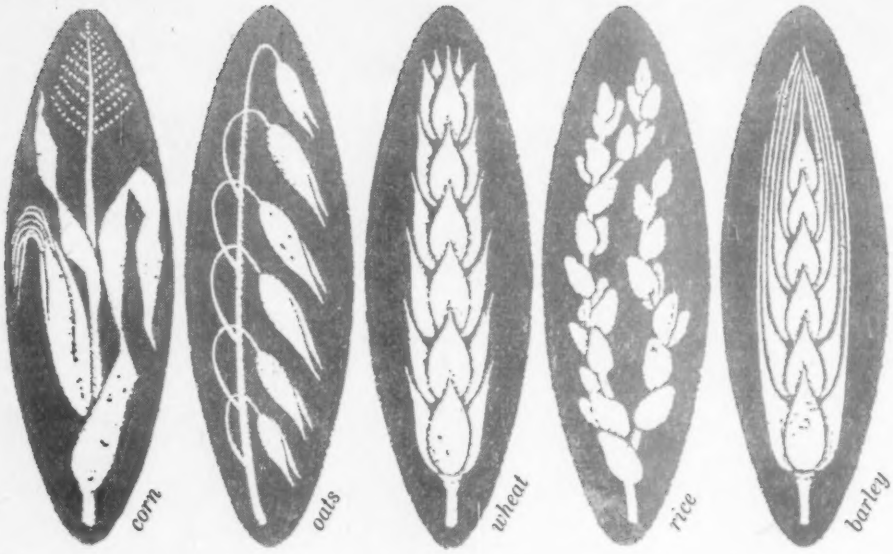

a moderate reduction in fat indicates cereal and milk serving

Medical and nutrition authorities recommend moderation and reasonableness in food choice as a best guide to good health. When a moderate reduction of dietary fat is indicated, a good choice is the cereal and milk serving for breakfast and the late evening snack.

Both the breakfast cereal and the milk contribute well-balanced nourishment and provide quick and lasting energy. This serving, as shown below, is a good source of many nutrients and provides about 10 per cent of the daily recommendations of high quality protein, important B vitamins, and essential minerals. Served with nonfat milk, the fat content is very low.*

nutritive composition of average cereal serving

	Cereal, 1 oz. Whole Milk, 4 oz. Sugar, 1 teaspoon	Cereal** 1 oz.	Whole Milk 4 oz.	Sugar 1 teaspoon
CALORIES	203	104	83	16
PROTEIN	7.3 gm.	3.1 gm.	4.2 gm.	
FAT	5.3 gm.	0.6 gm.	4.7 gm.*	
CARBOHYDRATE	32.2 gm.	22 gm.	6.0 gm.	4.2 gm.
CALCIUM	0.169 gm.	0.025 gm.	0.144 gm.	
IRON	1.5 mg.	1.4 mg.	0.1 mg.	
VITAMIN A	195 I. U.	—	195 I. U.	
THIAMINE	0.16 mg.	0.12 mg.	0.04 mg.	
RIBOFLAVIN	0.25 mg.	0.04 mg.	0.21 mg.	
NIACIN	1.4 mg.	1.3 mg.	0.1 mg.	
ASCORBIC ACID	1.5 mg.	—	1.5 mg.	
CHOLESTEROL	16.4 mg.	0	16.4 mg.*	

*Nonfat (skim) milk, 4 oz., reduces the Fat value to 0.1 gm. and the Cholesterol value to 0.35 mg.
**Based on composite average of breakfast cereals on dry weight basis.

Bowes, A. deP., and Church, C. F.: Food Values of Portions Commonly Used. 8th ed. Philadelphia: A. deP. Bowes, 1956.
Cereal Institute, Inc.. The Nutritional Contribution of Breakfast Cereals. Chicago: Cereal Institute, Inc., 1956.
Hayes, O. B., and Rose, G. K.: Supplementary Food Composition Table. J. Am. Dietet. A. 33:26, 1957.

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Subject Index to

RN

January Through December, 1958

(Vol. 21, Nos. 1-12)

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A double-blind study[1] has reaffirmed the exceptional efficacy and safety of conservative, local treatment of chronic rheumatic disorders with BEN-GAY® (BAUME BENGUÉ), a high-concentration salicylate-menthol compound.

The local and systemic effects of BEN-GAY were evaluated by entirely objective methods in 211 subjects of both sexes suffering from various types of chronic arthritis, bursitis, neuralgia, myalgia and lumbago. Changes in range of joint motion were determined by goniometer and by flexion. Topical application of BEN-GAY measurably improved articular function in 94% when physical therapy was also used, and in 61% without adjunctive treatment. Efficient absorption of salicylate through the skin was indicated by an average urinary excretion of 15 mg. in 24 hours. No ill effects were reported or observed.

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in chronic rheumatic disease

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[1]Brusch, C.A., et al.: Md. State Med. J.; 5:36, 1956.

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positions

ANESTHESIA COURSE: The Grace Hospital, Central Unit, School of Anesthesia offers to graduates of accredited schools of nursing, an 18 mo. course of training. Instruction in all types of anesthesia technics. Classes accepted March and September. Accredited by AANA and G.I. approval. No tuition. Liberal stipend pd during entire training period. Write to: Director, School of Anesthesia, The Grace Hospital Central Unit, Detroit 1, Mich.

ANESTHETIST-NURSE: Immediate opening for Nurse Anesthetist, 4 on staff, one Anesthesiologist, air-conditioned, new dept, good salary, Social Security, vacation sick lv, holidays, meals, laundry. Call or write Robert M. Murphy, Administrator, Floyd Hospital, Rome, Ga.

ATTENTION GENERAL DUTY NURSES: 400 bed county hosp. located 2 hrs drive from San Francisco, ocean beaches and mountain resorts in modern and progressive city of 35,000. 40 hr 5 day wk, 3 wks pd vacation, 11 pd holidays, pd sick lv, retirement plan and Social Security. Accommodations in Nurses' Home, meals at reasonable rates, uniforms laundered without charge. Starting salary $333 per mo plus shift and service differentials. Must be eligible for Calif. registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, Calif.

ATTRACTIVE OPPORTUNITY NURSES: Get away from fog, smog and industrial areas. Come to beautiful, exciting, Wonderful Wyoming. 340 days sunshine, fresh air in year-round recreation area. Position vacancies of all types. 165 bed JCAH Hospital. Capital city of and growing medical center of Wonderful Wyoming. 50,000 pop. Home of Frontier Days. 10,000 men at Warren Air Base in Cheyenne. Metropolitan Denver just 2 hrs drive from Cheyenne. Excellent personnel policies. 40 hr wk, 2-3 wk vacation, sick lv, new Nurse Residence at $43 room & board. Excellent housing facilities within 10 mins. of Hospital. Starting salaries $275 day, $300 eve., $290 surgery. Apply Dir. of Nursing, Memorial Hospital, Cheyenne, Wyo.

BETTY HARTWIG says there are vacancies at the Hospital here in L.A. If you're thinking of moving, write her c/o L.A. County General Hospital, Box 1311, Los Angeles 33, Calif.

CALIFORNIA might not be heaven, but it's the next best thing—and that's our honest opinion. If you're planning a move— move here and see for yourself. With 6 mos. exp. you will be paid $375 mo. Please write me. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

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GENERAL DUTY NURSES: 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Salary $340 days, $370 eves., $360 nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: 50 bed hospital located in college town in mountainous portion of Colo. Salary $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick lv and vacation. Contact Superintendent, Community Hospital, Alamosa, Colo.

GENERAL DUTY NURSES: Positions in a system of 10 integrated hospitals for general duty nurses qualified by professional training and personality to provide quality bedside care. Salaries at the rate of $4440 and $4860 per annum, depending on experience. Annual increases. 40 hr work wk. Shift differentials where applicable. 4 wks pd vacation, 7 pd holidays, Sick lv plus employee health program. Social Security plus noncontributory retirement plan. Also positions available for head nurses and asst. head nurses who have had administrative experience. Salaries at the rate of $5340 and $6420 per annum. For application and further details send card or letter to Miners Memorial Hospital Association, Box 61, Williamson, W. Va.

GENERAL DUTY NURSES: 210 bed teaching

hospital 35 mi from NYC. $290 per mo, 40 hr wk, $30 differential for eve duty, $20 for nights, regular increments. Liberal sick lv, vacation, 8 holidays, Social Security, laundering of uniforms, pleasant living facilities available. Director of Nursing, White Plains Hospital, White Plains, N.Y. WH 9-4500.

GENERAL DUTY NURSES: Positions available in fully accredited hospital operated by Benedictine Sisters of Elk County, St. Marys, Pa. New wing to be opened sometime in Nov. Write to: Directress of Nurses, Andrew Kaul Memorial Hospital, St. Mary's, Pa., for copy of personnel policies.

GENERAL DUTY NURSES: Wanted immediately to work in new, modern hosp. in area consisting of new facilities, town, restaurant, hotel and year around recreation. Excellent starting salary, pd hosp. and surgical insurance plan and pd annual vacations. Extra shift pay and overtime. Attractive nurses' quarters. Write William J. Born, Personnel Dept., White Pine, Mich.

GENERAL DUTY NURSES: 120 bed hosp, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk, starting salary $300 with a charge of $23 for full maintenance, additional $10 per mo for eve and night duty with regular increases. Surgical nurses starting salary $310 plus $5 per call after 5 pm. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: 166 bed gen hosp, southeastern Arizona. Starting sal. $310 mo, plus room, board and laundry if desired at no cost. Up to date nurses home with private rooms. 40 hr wk, good all yr. climate. Positions available now. Call collect or write Cochise County Hospital, Douglas, Ariz.

GENERAL DUTY NURSES & OR NURSES: 3-11 p.m. gen. duty, hospital on San Francisco Bay. 5 day wk, salary $320 plus $15 added for 3-11 and $10 for OR duty. Maintenance available. Director of Nursing, Alameda Hospital, Alameda, Calif.

GENERAL DUTY REGISTERED NURSE: 80 bed geriatrics Home and Infirmary, 3-11 shift, $325 monthly starting salary. Good personnel policies. Capitol District and Daughters of Sarah Jewish Home for the Aged, Troy, N.Y.

GENERAL DUTY STAFF NURSE: New and modernized 300 bed general hospital offers top salaries and opportunities to advance. Evenings $76.80-$89.60 per wk, nights $73.60-$86.10, days $64.00-$75.60. Openings in Medical, Surgical, Obstetrics, Pediatrics, Operating Rooms and Emergency Room. 40 hr wk, merit increases, liberal policies. On Long Island Sound, 45 mins to N.Y.C. Modern nurses residence and school. Apply Director of Nursing, Stamford Hospital, Stamford, Conn.

GENERAL DUTY, SURGICAL AND PEDIATRIC NURSES: 276 bed gen. hosp, in residential suburb of Chicago. 40 hr wk, cash salary and live in, $265 day duty, $285 PM duty, $280 night duty plus private room in new nurses residence, 3 meals per day and free laundry of uniforms. Cash salary and live out, $310 day duty, $330 PM duty, $325 night duty plus 1 meal and free laundry of uniforms. Low rental apartments available for married nurses. Planned service increases at regular intervals. Many other benefits. Write Personnel Director, MacNeal Memorial Hospital, Berwyn, Ill.

GENERAL DUTY STAFF NURSES: Vacancies on all services due to completion of new wing which will increase bed capacity above 400. Private general hosp. with 150

student school of nursing, 3 yr diploma course. University nearby for advanced study. 40 hr wk. Excellent salary and liberal benefit program in outstanding midwestern institution. Centrally located in the city and convenient to residential and shopping facilities. Living accommodations adjacent to hospital available at nominal rent. Contact personnel director. Milwaukee Hospital, 2200 West Kilbourn Ave., Milwaukee 3, Wisc.

GENERAL STAFF NURSES: 370 bed approved gen hosp, intern and resident program. $315 per mo starting salary, $15 per mo merit increases at 12, 24, 36 mos. 40 hr wk. 2 wks pd vacation, pd sick lv accumulative to 30 days, 7 pd holidays. Pleasant coast city in outstanding recreational area. Apply: Director of Personnel, Seaside Memorial Hospital, Long Beach 13, Calif.

GENERAL STAFF NURSES: Because we are friendly people it is fun to work in the preferred department of a 200 bed JCAH general hospital enthralled in the extensive building program creating opportunity for advancement. Liberal personnel policies include 40 hr wk, retirement plan, Social Security, pd hospitalization insurance premiums, cumulative 30 day sick leave, 2 wks vacation, 6 holidays, excellent meals at cost, cozy rooms at $20 per mo, in-staff educational program. Approximate initial salary eves $349, nights $343, days $325. Annual increase yearly approximates $215. High standard patient care maintained by nurses permitted to use professional preparations. Ideally located near Detroit with convenient transportation to make off duty hrs. interesting. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

GRADUATE NURSES: For medical and surgical services, modern 263 bed mid-Manhattan hosp. 5 day 40 hr wk. Starting salary floor duty $310, Eves. $350, midnights $340, scrub nurse $320. Uniform laundry, 2 meals per tour, 4 annual increases, 4 wks vacation, 12 holidays, sick lv 12 days per year cumulative. Social Security, Health Service, free hospitalizzation. Opportunities for special assignments, research nursing bonuses and postgrad study. Housing agent available. Apply Supt. of Nurses, James Ewing Hospital, 1250 First Ave., New York 21, N.Y.

GRADUATE NURSES: Positions available at 398 bed non-sectarian, acute, general hosp. with fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Current building prog. promises opportunities for advancement in the coming yr. Apartments available in the immediate neighborhood. Apply Director of Nursing, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio

GRADUATE NURSES: Immediate openings for staff duty, salary $325 per mo. P.M. and night differential. Social Security, vacation, sick lv and holidays. 40 hr wk. Apply Director of Nursing, Palo Verde Hospital, Blythe, Calif.

GRADUATE NURSES: For general duty, 75 bed general hospital, new air-conditioned, with modern equipment. Beginning salary $275 a mo with differential for eve and night duty and operating room nursing. Good personnel policies, 5 day, 40 hr wk, vacation, pd sick lv, holiday time. Located in beautiful central Florida. Apply Director of Nurses, Seminole Memorial Hospital, Sanford, Fla.

GRADUATE STAFF NURSES: Opportunities for men and women on all services including

Psychiatry and Operating Room. Well planned orientation program, tuition free courses at University. Low cost housing in nurses' residence. Recreational and cultural opportunities. Salary range $325 to $360. 3 wks vacation, 6 pd holidays. Follow your impulse and write to: Director Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

GRADUATES: Mercy College of Anesthesiology offers an 18 mo AANA approved course to graduates of accredited schools of nursing. Write: Director, Anesthesia Dept., Mount Carmel Mercy Hospital, Detroit 35, Mich.

HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer and allied diseases. Teaching and research center offers valuable experience. Adequate staff of top nurses maintained. University-affiliated in-service education, access all NYC educational programs. Good basic preparation required, learn specialty here where patients receive active surgical-medical-radiation therapy. Not a chronic disease hospital. Teachers college learn-earn plan available for study-experience program on full salary. Staff nurses: day $300-340 mo., eve. $355-395, nite $344-384. 4 wks vacation, 1½ pay for overtime, uniforms laundered, Blue Cross pd by center. Minimum rotation. Suture nurses: base salary plus ½ pay for on call. Housing agent helps you locate. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68 St., New York 21, N.Y.

IN-SERVICE EDUCATION INSTRUCTOR-SUPERVISOR: For nursing service personnel. Assistant available. Degree and satisfactory experience in teaching and/or supervision. Salary commensurate with education and experience. 500 bed voluntary hospital. Liberal personnel policies. Direct transportation to NYC in 35 mins. Write to: Director of Nursing, Newark Beth Israel Hospital, Newark 12, N.J.

INSTRUCTOR-TUBERCULOSIS NURSING: Classroom and clinical teaching of affiliating students. Emphasis on the individual with long-term illness. Modern accredited tuberculosis hospital with excellent facilities. Good personnal policies. Degree required, preferably in Education. Some experience in tuberculosis or long-term nursing desirable. Contact Miss Margery Jarmon, Director of Nursing, Emily P. Bissell Hospital, 3000 Newport Gap Pike, Wilmington 8, Del.

L.A. COUNTY GENERAL is the place to work—salary $375 mo. and more for eves. Signed: Staff of L.A. County General Hospital. Write me. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

MOVING? If you're think ing of moving—move in with us. Salary $375 after 6 mos exp. and a First Class Supporting Team. Write me for information. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

NURSE ANESTHETIST: Opening available, male or female, 350 bed hosp., well populated, in growing area of city. Salary open, excellent personnel policies, 40 hr wk, apartments available on hosp. campus. Apply Administrator, St. Rita's Hospital, Lima, Ohio

NURSE ANESTHETIST: 565 bed gen hosp., immediate opening to complete staff of 8, liberal benefits, salary open. Apply to the Personnel Office, Akron City Hospital, 525 E. Market St., Akron, Ohio

NURSE ANESTHETIST: For accredited 450 bed gen hsp located in a University city. Social Security, sick lv and annual vacation benefits. Salary according to experience. Please contact Administrator, St. Joseph Mercy Hospital, Ann Arbor, Mich.

NURSE ANESTHETISTS: Two, for Northeastern Massachusetts Hospital, presently engaged in building program. Salary open dependent upon qualifications and experience. Apply Dr. Harold S. Wright, Jr., Chief of Anesthesiology, Hale Hospital, Haverhill, Mass.

NURSES are appreciated people here at L.A. County General. With 6 mos. exp. they rereive $375 mo. Write me for more information. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

NURSES: Live in the Land of Enchantment where opportunities are awaiting you. Have opening for obstetrical and general duty RNs in accredited hosp. which is situated in a growing and thriving community with ideal climate. Salary range $300-400 mo. for 44 hr duty. Liberal personnel policies. Sick lv plan with 6 holidays per yr. Also we pay differential of $10 extra PMs. If interested please contact Administrator, Clovis Memorial Hospital, Clovis, N. Mex.

NURSES: Registered, for modern psychiatric hospital in Greens Farms, Connecticut, 1 hr from New York. Hall-Brooke nurses have 8 hr duty, optional 5 or 6 day wk, nicely furnished private rooms, excellent salary, 7 pd holidays annually, or equivalent, sick lv, vacation, minimum 2 wks, maximum 4 wks dependent on length of service, profit-sharing plan, psychiatric experience not necessary. Registered or eligible in State of Connecticut. Apply Mary R. Walsh, R.N., Directress of Nursing, Hall-Brooke, Box 31, Greens Farms, Conn. Tel. Westport—Capital 7-5105.

NURSES: General duty, 236 bed hospital, 30 mi from NYC. Apartment-style residence. Good salaries, free benefits and pension plan. Modern hospital. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N. J.

NURSES wanted for Asst. Head Nurse positions at Los Angeles County General Hospital. Write me re these $375 mo. positions. Betty Hartwig, R.N. Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

NURSES FLORIDA!! Take advantage of Florida's sunshine and pleasant living. Jacksonville's rapid growth has created a need for more hospital beds. Modern 360 bed General Hospital located on the beautiful St. John's River, where excellent living facilities are available. Good starting salaries with liberal differential for eves. and nights. Excellent personnel policies. Apply A. C. Batchelder, Personnel Director, St. Vincent's Hospital, Jacksonville, Fla.

NURSES (GRADUATE) FOR STAFF & SUPERVISORY POSITIONS: 40 hr wk, 3 wks vacation, sick lv benefits. Pay differentials and periodic pay increases. Calif. registration req'd. Write or apply Employment Office, University of California Teaching Hospital, Los Angeles 24, Calif.

NURSES-GENERAL DUTY: Excellent salary, fringe benefits, small hospital residential area. 35 mi from NYC. Apply Mrs. C. R. Gardner, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

NURSES & ASSTS if you're moving—move west and treat yourself to real living. Salary at L.A. County General Hospital is $375 if you have 6 mos. exp. Write me for more in-

EASY DOES IT FOR LIVE-ALONERS

Easy, economical way to insure adequate nutrition for older patients . . . especially live-aloners. Gerber Strained and Junior (minced) Foods require no cooking . . . just heat and serve. Small-size containers for individual servings minimize waste. Readily available at all grocery stores . . . *at about 10¢ to 23¢ per serving!*

Over 85 Gerber Strained and Junior Foods provide ample variety for a well-balanced diet for geriatric patients with no gastrointestinal difficulties. The Strained varieties are mildly seasoned and have a smoothly pureed consistency; the Junior varieties have a somewhat heavier minced texture. All are specially processed for maximum retention of nutritive values and to preserve attractive colors and appetizing flavors.

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formation. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

NURSES NURSES NURSES: Look no further. The L.A. County General Hospital pays $375 mo. after 6 mos. of exp. and the wonderful Calif. climate comes free. Can't beat that package. Write me. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

OPERATING ROOM NURSE DAYS AND P.M: 147 bed gen hosp located in beautiful residential suburb along the North Shore of Lake Michigan just north of Chicago. Modern ranch style nurses homes with attractively furnished private bedrooms. 40 hr wk. Salary $365 days, $395 eves., other employee benefits. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

OPERATING ROOM NURSES: For 230 bed gen. hosp. in new, modern air-conditioned 6 room OR suite. Beautiful location. 40 hr wk. Liberal personnel benefits. Apply Director of Personnel, Good Samaritan Hospital, West Palm Beach, Fla.

OPERATING ROOM NURSES: 275 bed gen hosp staffed with Certified Board Surgeons. Beginning salary $315 per mo with bonus for OR experience. Differential of $22 per mo for 3-11 and 11-7. Yearly merit increases. Liberal personnel policies, including 5 day 40 hr wk. Opportunities for professional and educational advancement. Hospital in Hollywood nr all points of interest. Rental apartments available within convenient radius of hosp. For further information write to: Director of Nursing, Hollywood Presbyterian Hospital-Olmsted Memorial, 1322 North Vermont Ave., Hollywood, Calif.

OPERATING ROOM SUPERVISOR: 500 bed voluntary hospital. Degree and/or satisfactory experience. Active program-clinical instructor employed for teaching students. Salary commensurate with qualifications. Liberal personnel policies. Direct transportation to NYC in 35 mins. Write to: Director of Nursing, Newark Beth Israel Hospital, Newark 12, N.J.

OPPORTUNITY FOR SURGICAL NURSE: 60 bed hosp. $325 base pay, $25 extra is living out. $10 call for ea. ambulance run, $10 call for ea. extra surgery. 40 hr wk, 14 day pd vacation yrly, 12 sick days allowed, 6 pd holidays per yr, good retirement plan. Friendly western community, healthy pleasant climate and surroundings. Contact Administrator, Humboldt Co. Gen. Hospital, Winnemucca, Nev. State qualifications. Also 2 gen. duty R.N.'s.

PROFESSIONAL NURSES: Eligible for registration in Washington, D.C. Staff Nurse positions in 600 bed hosp. for medical and surgical diseases of the chest; salary $4490 per annum, $150 yearly increment, vacation, sick leave, retirement policies. 40 hr wk, rotating shifts, active staff orientation program, progressive educational programs for staff, student and patient personnel, uniforms laundered free, comfortable maintenance available at modest rates. Opportunity for university study. Write to Director of Nursing, Glenn Dale Hospital, Glenn Dale, Md.

PROFESSIONAL NURSES: Positions available in Medical, Surgical, Psychiatric and Tuberculosis Services at 1258 bed VA Hospital in NYC. Salary and grade according to newly revised qualifications: Junior Grade $4425, Associate Grade $5205, Full Grade $5985 with annual increases. Liberal personnel policies, 30 days leave annually, 15 days sick lv, 8 holidays and retirement plan. Full U.S. Citizenship req'd. Apply: Chief, Nursing Service, Veterans Administration Hospital, First Ave. at E 24th St., New York 10 N.Y.

PROFESSIONAL NURSES: Monthly salary $368 to $694 dependent on qualifications. Modern 500 bed medical, surgical, TB & NP hosp. affiliated with University of Michigan Medical School. 40 hr work wk normally, 30 days vacation, 15 days sick lv, 8 holidays, uniform allowance, quarters available. Write Chief, Nursing Service, Veterans Administration Hospital, Ann Arbor, Mich.

PSYCHIATRIC NURSING: Ass't Dir. of Education in a fully accredited private hosp. nr. Balto., Md. Give academic and experience background when applying to Theresa G. Muller, Director of Nurses, The Sheppard & Enoch Pratt Hospital, Towson 4, Md.

PSYCHIATRIC NURSING: Clinical Instructor in a fully accredited private hosp. nr. Balto., Md. Give academic and experience background when applying to Theresa G. Muller, Director of Nurses, The Sheppard & Enoch Pratt Hospital, Towson 4, Md.

PSYCHIATRIC NURSING: Supervisory & Staff Nurses (men and women) in a fully accredited private hosp. near Balto., Md. Give academic and experience background when applying to Theresa G. Muller, Director of Nurses, The Sheppard & Enoch Pratt Hospital, Towsen 4, Md.

PSYCHIATRIC NURSING INSTRUCTOR: (Male) for Attendant Program in a fully accredited private hosp. nr Balto., Md. Give academic and experience background when applying to Theresa G. Muller, Director of Nur-

ses, The Sheppard & Enoch Pratt Hospital, Towson 4, Md.

QUALIFIED PUBLIC HEALTH NURSE & REGISTERED NURSE: Salary for public health nurse $4250. Immediate appointment on a provisional basis. Permanent appointment with increases up to $5330, 35 hr wk, liberal vacation and personnel policies, pension rights, in-service training, promotional opportunities. Generalized service including material and child care, school health and communicable disease control. Salary for registered nurses $3750-4110. Opportunity for registered nurses seeking public health qualifications. Immediate app't, 35 hr wk, liberal personnel policies. Applicants must be able to matriculate for public health nursing courses at university. Applicants (except N.Y. State veterans) must not have reached 36th birthday. Write or call the New York City Department of Health, 125 Worth St., New York 13, N.Y.

RN'S are paid $375 mo. at L.A. County General Hospital after only 6 mos exp. Write me. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

R.N.'S: Needed for 7-3 and 11-7 shifts, in 29 bed general hosp, 5 day wk, salary $300 plus $15 for night shift, 2 wks annual vacation with sick lv, holidays and hospital insurance. Apply Director of Nurses, Dearborn Hospital, Madera, Calif.

R.N.'S GENERAL DUTY: Willing to work eve and night shifts. Well equipped 41 bed hosp fast-growing North Fla. twn 3000. Low cost liv. area. Nr famous Gulf beaches and sev. cities. $300 mo. Give complete data age, training and refer. Apply Washington Co. Hospital, Chipley, Fla.

REGISTERED NURSE: Two excellent jobs for two nurses who like a small town and lots of work. Start $325 plus meal. 40 hr wk, rotating shifts. 22 bed gen hosp. Pop. 5000. Farming community between Fresno and Bakersfield. 1 hr to mountains, 2 hrs to beach. Age and experience not a factor but you must be willing to develop versatility. Liberal hospitalization and life insurance plan. Regular raises with no maximum. Write Administrator and enclose dated picture. District Hospital, Corcoran Calif. Phone 31.

REGISTERED NURSE ANESTHETISTS: Immediate openings for permanent employment. 670 bed hospital. Exceptional opportunity for well trained Nurse Anesthetist in active operating room suite. Apply: Personnel Director, Harper Hospital, Detroit 1, Mich.

REGISTERED NURSES: Night shift (11 pm-7 am) General hospital, bed capacity 49. Must be interested in maternity, general medical and surgical service. Starting salary $330 per mo plus $30 per mo differential. 2 wks vacation & 7 holidays with pay annually. Hospital insurance plan pd after 3 mos employment. Contact: Administrator, Tracy Community Memorial Hospital, Tracy, Calif.

REGISTERED NURSES: Medical-surgical OR. New modern, accredited hosp. Generous personnel policies. Apply Director of Nurses, DePaul Hospital, Cheyenne, Wyo.

REGISTERED NURSES: Two, for a 56 bed orthopedic hosp, alterating shifts 3-11 and 11-7. Starting salary $265, meals while on duty, uniforms laundered, 2 wks pd vacation and 2 wks pd sick lv. Address Head Nurse, Hospital for Crippled Adults, 1248 LaPaloma St., Memphis, Tenn.

REGISTERED NURSES: Positions open on all shifts and services including delivery and OR. Modern 60 bed hosp. located in SW Colorado. Nurses must be eligible for Colo. registration. 40 hr wk, pd vacations, Social Security, holidays, liberal sick lv and other benefits. Modern quarters available for single personnel if desired. Southwest Memorial Hospital, Cortez, Colo.

REGISTERED NURSES: Positions available in 230 bed gen. hosp. located in beautiful resort area. Liberal personnel policies. 40 hr wk, other fringe benefits. Apply Director of Personnel, Good Samaritan Hospital, West Palm Beach, Fla.

REGISTERED NURSES: 250 bed gen. hosp. with expansion prog. $265 mo. days, $295 eves, $285 nights, $275 operating room. Regular increases. 40 hr wk, 8 holidays, sick lv, 3 wks vacation. College town. Apply Deputy Director, Patient Care, Middlesex General Hospital, New Brunswick, N.J.

REGISTERED NURSES: New 750 bed municipal hosp. Salary $3700 per yr with $100 yrly increments reaching maximum of $4200. 40-hr wk, vacation, sick time and holidays provided. Director of Nursing, Martland Medical Center, Newark, N.J.

REGISTERED NURSES: Excellent opportunities for Staff Nurses in 400 bed teaching hosp. $340-370 days, $370-400 nights and eves. Room accommodations in attractive residence at low rates. Centrally located. Write to Director of Nursing Service, Dept. R.N., Mount Sinai Medical Center, 2750 W. 15th Place, Chicago 8, Ill.

REGISTERED NURSES: For Veterans Administration Hospital, Fort Howard, Md., located 15 mi. from Baltimore. 377 bed GM&S hospital. Personnel policies include 40 hr wk, 30 days annual lv, 15 days sick lv and 8 holidays. Salaries, Junior Grade $4425, Associate Grade $5205 with yearly increases. Non-housekeeping quarters available. Uniform allowances and laundry provided. Openings for both men and women interested. Contact Chief, Nursing Service, VAH, Fort Howard, Md.

REGISTERED NURSES: Staff vacancies on Medical-Surgical floor, O.B., Op. Rm. 40-hr wk, no shift rotation, excellent job benefits. Salary days $285-315, E&N $295-325. OR $300-330. Room and board available for $43 mo. Your transportation paid (via first class air) to Albuquerque and return in exchange for 1 yr employment contract. Live in the sunny year-around climate of the historical Southwest. Call collect or write to Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, Albuquerque, N. Mex., Phone 3-5611.

REGISTERED NURSES: If you are thinking of making a change consider the opportunities at Cuyahoga County Hospital in Metropolitan Cleveland. Your starting salary as a staff nurse is $3960 and in 36 mos you will be earning $4440. You will also enjoy a pd vacation, holidays, sick time and a generous differential for eve and night assignment. If you prefer to continue your education, pd tuition to a college of your choice is available. The hospital is conveniently located to several colleges and universities. All of the advantages that a large hospital has to offer are at your fingertips, retirement benefits, wide variety of clinical fields from which to choose, a planned orientation and in-service program, opportunity for promotion and comfortable low-cost housing. Write to Director of Nursing, 3395 Scranton Road,

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Proved by extensive evaluation[1,2,3] in 1998 patients in diverse areas of medicine and surgery, including:

arthritis, bursitis, early metastatic carcinoma, fibrositis, grippe, herpes zoster, ligamental strain, low back pain, menstrual pain, myalgia, myositis, neuritis, pleurisy, postoperative pain, postpartum pain, sciatica, trauma, dental pain

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Supplied: Tablets, bottles of 48. Each tablet contains 75 mg. of ethoheptazine citrate and 325 mg. (5 grains) of acetylsalicylic acid.

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1. Cass, L.J., et al.: J.A.M.A. 166:1829 (April 12) 1958. 2. Batterman, R.C., et al.: Am. J.M. Sc. 234:413 (Oct.) 1957. 3. Medical Department, Wyeth: Final Report on the Clinical Evaluation of Zactirin.

Cleveland 9, Ohio

REGISTERED NURSES FOR CALIFORNIA STATE HOSPITALS: Graduate Nurses without experience start at $358, first increase after 6 mos; nurses with one year of psychiatric nursing experience start at $376. Inservice training program features new trends in psychiatric care and treatment as well as basic and advanced courses in psychiatric nursing. Opportunities for promotion to administrative positions in hospitals for mentally ill and mentally retarded. Nurses registered in other states are usually eligible for Calif. license without examination. Write State Personnel Board, 801 Capitol Ave., Box 173, Sacramento, Calif.

REGISTERED PROFESSIONAL NURSES: This is your opportunity to re-locate in Southern California. Choice positions open now in modern new 100 bed general hospital. Base salary $315, $20 differential for afternoons and nights, $10 for special services. Yearly raises. Time and one-half over 40 hrs, pd vacations, holidays, sick lv, hospital insurance. Apply to Director of Nurses, Rio Hondo Memorial Hospital, 8300 Telegraph Road, Downey, Calif.

REGISTERED PROFESSIONAL NURSES: For supervisory, teaching and general staff positions. Salary commensurate with education and experience. Base salary starts at $347 per mo with $30 monthly p.m. and night differential plus $2 bonus for Saturdays, Sundays and holidays worked. Other benefits. Progressive personnel policies. 250 bed JCAH approved teaching hosp. on Northside Chicago near educational, cultural and recreational activities. 20 mins. from Chicago Loop. Reasonable, good living accommodations nr hosp. Write to Director of Nursing, Ravenswood Hospital, Wilson Ave. at Winchester, Chicago 40, Ill.

REGISTERED PROFESSIONAL NURSES: For supervisory, educational and general staff positions. Liberal personnel policies. 40 hr wk, differential for eve, nights and OR. Social Security. Christ Hospital, 176 Palisade Ave., Jersey City, N.J.

SCHOOL OF ANESTHESIA: Approved by the AANA. Open to registered nurses of accredited schools of nursing. Applications being received for August and February classes. For complete information and application blanks write to Everard R. Hicks, Director of The School of Anesthesia, The McLeod Infirmary, Florence, S.C.

STAFF NURSE: New modern 80 bed hospital. 40 hr wk. Starting salary $325 mo., increase every 6 mos, 3 wks vacation. Write Director of Nurses, Elko General Hospital, Elko, Nev.

STAFF NURSES: New York State Cancer Research Institute, Buffalo, affiliated with Univ. of Buffalo. 304 bed, all modern hosp. $336 to start, 40 hr wk, Social Security, retirement plan, liberal sick & annual lv, and free uniform laundry. Apply to Director of Nursing, Roswell Park Memorial Institute, 666 Elm St., Buffalo 3, N.Y.

STAFF NURSES: 245 bed gen hosp in central Wyoming. Satrting salary based on experience, preparation and personal qualifications. Good personnel policies. Write or wire collect to Director of Nursing Service, Memorial Hospital, Casper, Wyo.

STAFF NURSES: 250 bed hospital located on beautiful Allison Island, Miami Beach,

Fla. Living accommodations are available. Apply Director of Nursing Service, St. Francis Hospital, Miami Beach, Fla.

STAFF NURSES: Fully accredited JCAH hospital. Rotate shifts, 40 hr wk, pd vacation and sick lv, group insurance, Social Security. Beginning salary $250 plus room, board and uniform laundry. Increase at 6 mos. Differential for eve and night duty and surgery. Age no drawback but Christianity and sobriety a must. Maynard MacDougall Memorial Hospital, Nome, Alaska

STAFF NURSES: New York State Cancer Research Institute, Buffalo, affiliated with Univ. of Buffalo. 304 bed, all modern hosp. $336 to start, 40 hr wk, Social Security, retirement plan, liberal sick and annual lv and free uniform laundry. Apply to Director of Nursing, Roswell Park Memorial Institute, 666 Elm St., Buffalo 3, N.Y.

STAFF NURSES: 225 bed Southern California hospital on ocean front. Attractive personnel policies. Salary for California registered nurses starts at $300. Increases on merit. Apply to Director of Nursing, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

STAFF NURSING: Immediate openings for Staff Nurses, good salary, Social Security, vacation, sick leave, 40 hr wk, 2 meals, laundry, college town. Call or write Mrs. Edwina McKnight, Director of Nurses, Floyd Hospital, Rome, Ga.

SUPERVISING NURSE: To help plan, equip and operate a new and modern intensive care unit of 21 beds to be opened in the spring of 1959. Position available at once. Salary range between $345 to $410 depending on training and qualifications. Write, wire or call collect, Director of Nursing, Samuel Merritt Hospital, Oakland, Calif. OLympic 5-4000.

SUPERVISOR-INSTRUCTOR: JCAH accredited 210 bed gen hosp, NLN temporarily accredited school of Nursing, has opening for supervisor-instructor in Obstetrics, 31 bed dept. averaging 100 deliveries per mo. Responsible for formal instruction, supervision of students' clinical experience and nursing service supervision. Academic preparation and experience req'd. Good personnel policies. Apply Director of Nursing, White Plains Hospital, White Plains, N. Y. WH 9-4500.

SURGICAL REGISTERED NURSES-STAFF REGISTERED NURSES: 240 bed gen. hosp. 40 hr wk, 15 working days, pd vacation, 7 pd holidays, sick lv. Surgery starting base pay $338. Stand by & call back time extra. Staff R.N. starting pay $332 mo. Regular pay increases. P.M. & night differential $10. Yolo General Hospital, P.O. Box 210, Woodland, Calif.

SUTURE NURSES: Work with top nurses and surgeons. Opportunity experience in radical procedures. 5 day wk schedule. Teachers College learn-earn plan now open to operating room nurses combines study with experience at full salary. Good basic preparation needed, learn specialty here. $300-340 mo. plus ½ pay for on-call hours. 4 wks vacation, other benefits. See our ad High Caliber Registered Nurses. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68th St., New York 21, N.Y.

$375 MONTH—and more for eve. work. At that bustling L.A. County General Hospital. Write me. Betty Hartwig, R.N., Box 1311, L.A. County General Hospital, Los Angeles 33, Calif.

Additional Listings

Space permits listing the following advertisements in this issue, although they were received after closing date.

ADMINISTRATORS: (a) well-endowed old people's home, exclusive Chicago suburb, $6000, mtce, (b) Nurse, share administrative responsibility with M.D., 200 bed gen. hsp., commuting distance N.Y.C., $6000 up. RN 12-1 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

ANESTHETIST: (a) Foreign assignment, begin January; btfl. Pacific Island American Naval Base, $5500, bonus, paid transportation for dependents, household effects. (b) Join private Anesthesiologist in growing practice near New Orleans, average $800-$1000 mo. (c) Male to cover service with one other, 170 bed gen'l. hsp., excellent financial opport. $700-$1000 mo., Michigan resort. (b) Florida hsp., 100 beds, air-conditioned, needs another anes., ideal permanent location near resorts, to psalary. RN 12-2 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

ANESTHETISTS: Two, for work in Negro Hospital, salary open. Light surgical schedule. No schedule on Saturday or Sunday. No obstetrical call, few night calls. Department under supervision of white medical anesthesiologist. Write or call William J. Lees, The Memorial Hospital, Danville, Va.

ANESTHETISTS: Two, certified, registered preferred, for 275 bed hospital in Danville, Virginia. 5 nurse anesthetists and a medical anesthesiologist already in the dept. Complete maintenance, Social Security, salary open dependent upon experience. Write or call William J. Lees, Administrator, The Memorial Hospital, Danville, Va.

DIRECTOR OF NURSING: 184 bed hosp. on coast 70 mi. S. of San Francisco. $502 to $610, 6 yrs exp. req'd, 5 of which were in supervisory capacity, liberal benefits, new 112 bed chronic, psychiatric unit under construction. Apply Santa Cruz County Personnel Dept., 105 Soquel Ave., Santa Cruz, Calif.

DIRECTORS OF NURSES: (a) Foreign Assignment, brand new 40 bed hospital, Mexico. (b) Dir. Nursing Service and Educ., 300 bed hsp., near Long Island, prefer good adm. exp., $7500 up. (c) Dir. Nursing Service 300 bed hsp., all grad staff, College affiliated, near Mexico border, top salary. (d) Dir. Nursing Service and Educ., 500 bed hsp., must have organizational ability, 100 students, $10,000, leading So. city. RN 12-3 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

FACULTY APPOINTMENTS: (a) Nurse Educator to pioneer new collegiate program sept. 1959, ideal West Coast location, need Feb. 1, salary range to $10,000. (b) Med.-Surg. (two) Instructors, well-established nursing program, women's college sharing campus, renowned men's univ. $5600 up, academic year, need 1959. (a) Orthopedic Instructor, 600 bed hsp. on lage univ. campus, 70 bed unit, $5400 up, M.W. (d) Clinical Instructor, L.P.N. program, 200 bed hsp. mountain state ski area, top salary; w. RN 12-4 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

INDUSTRIAL OFFICE: (a) Leading chemical company, Texas division, outstanding

personnel policies, interesting clientele, top salary. (b) Nurse to travel thruout U.S., conduct hsp. surveys, assist in establishing new equipment, lecture and demonstrate, teaching exp. required, top salary, expenses. (c) Office Nurse, gen. surgeon, New Hampshire Mountain ski resort. RN 12-5 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

NURSES: Registered nurses offered exceptional opportunity by progressive and fully accredited 200 bed Ohio hosp. Regular salary increases, splendid housing and living quarters, pd tuition in college, pd vacations & liberal sick lv. Address all correspondence in confidence to Doctors Hospital, 12345 Cedar Road, Cleveland Heights 6, Ohio, Personnel Director.

PUBLIC HEALTH: (a) Supr. V.N.A. 15 employees, town of 60,000, Pa., to $6000. (b) Consultant, Public Health Nursing, industrial hygiene division, leading Metro area, East Coast, to $7800. (c) Nurse for seven grade schools, $400 mo. plus expenses, all school vacations observed, beautiful college town near Chicago. RN 12-6 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

REGISTERED NURSES: Immediate appointment in JCAH accredited 240 bed general hosp. School of Nursing, Intern and Resident program. Beginning salary $250 per mo, salary increase at 6, 12, 18 and 24 mos. and then salaries reviewed for further increases. Cash shift differential, 40 hr wk, compensation for authorized overtime, Social Security. Liberal vacation and sick lv allowance. 6 pd holidays. Permanent evening or night assignment if desired. In-Service education. Meals and laundry available at a reasonable cost. Must be registered in W. Va. Write Director of Nursing, Charleston General Hospital, Charleston General Hospital, Charleston 25, W. Va.

REGISTERED NURSES: For air conditioned 200 bed gen hosp, organized medical staff, pleasant working conditions, reasonable accommodations in nurses residence, starting salary $277 per mo. 4 wks annual vacation with sick lv and holidays. Apply Director of Nursing, John D. Archbold Memorial Hospital, Thomasville, Ga.

REGISTERED PROFESSIONAL NURSES: 624 bed general medical and surgical Veterans Administration Hospital, Dallas, Tex. Grade and salary depend upon professional qualifications, minimum annual salary is $4425, annual pay increment and excellent promotional opportunities. Personnel policies normally include 40 hr wk, 30 days annual lv, 15 days sick lv, 8 holidays. Citizenship required. Write Chief, Nursing Service, VA Hospital, Dallas, Tex.

SUPERVISORS: (a) OR for management of main suite, 900 bed hosp., univ. medical center, $5500, M.W. (b) OR: act as consultant 4-80 bed hsps. to $7200, So. (c) Geriatric and Convalescent unit, 45 beds separate from hsp., commuting distance N.Y.C., $4800. (d) OB, 300 bed new univ. med. center opens 1959, most progressive hsp. procedures, $6200, West. RN 12-7 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

APPOINTMENTS, OUTSIDE U.S.: STAFF—(a) Alaska, 2 needed for 80 bed hosp. near U.S. Air Force Base, $380 plus partial travel. (b) Pacific Island Veterans hsp. needs staff and head nurses, $325-350. RN 12-8 Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago, Ill.

VETERANS ADMINISTRATION CENTER: Dayton, Ohio, an 820 bed hospital affiliated with Ohio State University offers opportunities for professional nurses in medical, surgical, geriatric and tuberculosis nursing. Monthly salary: $370 to $795. Facilities for educational advancement at University of Dayton and Miami University. In-service education program, annual salary increases, 30 days vacation, 15 days sick lv, 8 holidays, retirement plan, living quarters available. Full U.S. Citizenship required. Write: Chief, Nursing Service, Administration Center, Dayton, Ohio.

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1. Paul, W. D., Dryer, R. L., and Routh, J. I.: *Effect of Buffering Agents on Absorption of Acetylsalicylic Acid,* J. Am. Pharm. Assoc., Sc. Ed., 39:21 (Jan.) 1950.

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